ST. BARTHOLOMEW'S HOSPITAL.

A Course of Clinical Lectures

ON

CHRONIC DISEASES OF BONES AND JOINTS,

CHIEFLY IN RELATION TO THE

TREATMENT OF DEFORMITIES.

By HOLMES COOTE, F.R.C.S.,

ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S AND TO THE ROYAL ORTHOPÆDIC HOSPITAL.

(*Delivered in the Winter Session*, 1861.)

LECTURE VII.—(*Concluded from p.* 234.)

ON KNOCK-KNEE (GENU VALGUM); BOW-LEGS (GENU EXTROBSUM), &c.

In severe cases of knock-knee, the patella is pulled outwards so as to rest against the outer surface of the external condyle of the femur; or perhaps it would be more correct to say, that the femur slips away inwardly from the patella as the deformity increases. I have known instances in which it has not been easy to discover the little bone, in consequence of its being so tightly strapped against the femur. If there is no deformity of the bones, we find that the patella resumes its place as the state of knock-knee is removed. But there are other instances in which it remains in its abnormal position. A lad is now in Pitcairn ward, under my care, in whom the state of knock-knee has been removed by proper treatment, but both patellæ lie more externally than natural, in consequence of changes of form in the lower part of the femur, produced by a former attack of rickets.

In some cases the condition of the knees, in others the curvature of the tibiæ, are the more striking features. The tibia and fibula will be found conjointly curved with this affection outwards, forwards, or inwards: very frequently the last. The tibia may be perfectly straight in its upper two-thirds, and then diverge outwardly, so that when the knees are brought into their proper position, the feet remain several inches apart. A child thus affected presents a very awkward appearance, and walks in a most irregular and unsteady manner. In no position are the joints held together with the normal amount of firmness, so that the patient is constantly falling down, to the great annoyance of himself and friends. Some of these cases of curvature of the tibiæ are considered "badly united fractures." In 1853, an anæmic girl, aged nineteen, was admitted into Guy's Hospital, under Mr. Birkett. She stated that when twelve years old she fell from a high chair, and fractured her right leg about the lower third. The nature of the injury was not, however, discovered until about three months afterwards. The mother then noticed a small swelling just where the bones were subsequently found "to have been fractured." She took the child to a surgeon, who advised amputation of the leg! This extreme measure was not consented to, and the limb was allowed to grow and become developed with angular union. The deformity was lately considerably increased by a fall over some steps, when excessive pain ensued. On admission, the leg presented a strongly marked anterior curve, just above the ankle. Mr. Birkett first made an attempt to straighten the leg by resecting the protuberant portion of bone. On the 12th April, 1853, he performed the following operation:—He first divided the tendo-Achillis two inches above the os calcis. A vertical incision was then made over and down to the bones at the point of angular union, and a triangular wedge-shaped portion of the osseous mass was removed by means of the saw. This being accomplished, the upper and lower fragments were brought into a nearly horizontal line, and the parts secured in this position by means of a splint. In a short time erysipelas came on; then the soft parts became irritated; an abscess formed around the tendo-Achillis; the patient suffered intense pain, and the health began to fail. Under these circumstances, Mr. Birkett thought it his duty to amputate the limb, which was accordingly done a little below the knee about five weeks after the above described operation. The case ultimately did well. The examination of morbid parts was interesting. A large abscess was found around the divided ends of the bones, as also in the vicinity of the tendo-Achillis; and it was conjectured from the state of the parts that the anterior tibial nerve had been compressed between the ends of the bones, an explanation being thus given of the intense pain complained of by the patient. The bones were found to have been considerably displaced by the angular union, and it was evident that muscular action, after the resection, had had a tendency to increase this displacement still more.*

On March 3rd, 1860, Mr. Paget had under his care, in St. Bartholomew's Hospital, a little girl, aged seven, in whom there existed a curvature of the left tibia and fibula near the ankle, so similar to the case of Mr. Birkett, that the same drawing would answer for both. She had been under the care of another surgeon, who had tried mechanical appliances without any marked effect. Still the child could walk and run about with the aid of irons. Mr. Paget first divided the tendo-Achillis, and then endeavoured to break the bent bones that he might reset them in better position. This was ultimately effected, and the child was put to bed, the limb having been placed in an apparatus, made so that slow extension could be carried on by the usual means. There did not seem any satisfactory amount of improvement by this plan. Accordingly an operation was performed, consisting of the removal of a wedge-shaped portion of the tibia, coupled with another and more powerful attempt to straighten the limb. In this case there followed necrosis of the tibia, from the seat of operation down to the ankle joint. The patient recovered, and was able to walk about at the end of some months with the aid of irons; but we have yet to learn what will be the effects of the operation on the further development of the limb.

Whenever there is inequality in the length of the two limbs, or there is a strong irregularity in the gait, there may be either a tendency to lateral curvature of the spine or an unnatural flexibility of the vertebral column, or both combined, arising from the constant efforts made by the patient to preserve the proper balance.

The feeling of weakness consequent on knock-knee is so great that after a time patients cannot pursue their usual avocations. You may remember three patients, all suffering from this affection, a few weeks ago under my care in Pitcairn ward. Two of them were workers in mines, young and healthy-looking lads of from eighteen to twenty. They had come from Wales to get relieved of their deformity. That was accomplished, and they left the hospital in good health and spirits. But doubtless you will feel disposed to inquire what becomes of the shape of the articulating surfaces by the prolonged displacement of the bones. I do not think the change is considerable; patients seem to regain the proper amount of strength and comfort when the bones have been set straight. Patients of seventeen or eighteen years of age have, after the lapse of from eighteen months to two years from the date of treatment, been able to dispense with supports—a circumstance which would have been impossible had the direction of the articular surfaces been altered.

In the management of these cases you must, especially in children, adopt such measures as are best calculated to invigorate the constitution and improve the strength. Particular care must be paid to the different functions. Constipation, or faulty action of the bowels, must be rectified by small doses of mercury-with-chalk and of rhubarb, or some other alterative. Thirst and febrile disturbance must be allayed by antimonials. In due time tonics must be given, in such doses as the patient can bear; quinine, alone or combined with iron, being undoubtedly the most powerful. The diet should be nutritious; and, unless contra-indicated, small quantities of wine or of beer may be allowed. But above all things fresh air is indicated. When possible, the patient should be removed from a town atmosphere, and allowed to enjoy the strengthening air of the seaside or the inland country.

In children under twelve or fourteen years of age the treatment is usually simple, especially if the deformity is inconsiderable: you need not to perform any surgical operation. Roll the foot and leg in a soft bandage in order to prevent swelling; apply to the outside of the leg the wooden splint I now show you, supplied with straps of webbing and buckles; let the patient wear it day and night, your advice being that he should keep the straps daily a little tighter until the knee-joint has become perfectly straight. These splints extend above the hips to the waist, and a strap must pass behind the body from

* THE LANCET, September 24th, 1853.

one end to the other through the aperture perforated in the wood, in order to prevent the tendency of the upper extremity of the splint to slip forwards, when the instrument becomes oblique and the whole support is lost. You have thus accomplished the most essential part of the treatment in infants and young subjects, although the curvatures in the tibia may need other support. Short inside splints from the knee to the ankle, or short back splints, will assist in rectifying these latter deformities; the constant pressure, continued for six or eight months in growing children, effects an amount of improvement—unattended by wasting of the limb—such as will at first excite surprise.

But in patients of maturer years the tendon of the biceps muscle must be subcutaneously divided, and an apparatus used by which more powerful extension can be made. A box is fitted on to the limb, previously supported by a roller, one week after the division of the tendon; and the limb is straightened by the steady movement of a cog-wheel placed at the hinge. In patients above thirty, eight months or more may be required for the treatment, and a warning should be given that irons extending from the boot to the thigh will ever afterwards be necessary. Mr. Tamplin suggests that when this deformity is merely incipient in children, the use of the rocking-horse, with attention to the general health, will supersede the necessity for mechanical treatment, as there is a constant effort made in riding to cling to the horse and adduct the legs; hence the bowed condition of the legs of those accustomed from early life to horse exercise.

Finally, remember that even in young females there may exist considerable width of the pelvis, and that that condition may involve an amount of knock-knee which appears to be, but is not in truth, morbid. If, however, it prove greater than the ligaments can resist, and the patient complains of pain in the knees and weakness, you must have recourse to the usual remedies. But be particularly careful in all cases to examine the entire limb. Parents may tell you that their child is suffering only from "weak ankles," and you find, upon extending and bringing together the two limbs in their whole length, that the yielding of the inner ankle, and perhaps the sinking of the foot's arch, is but a consequence of genu valgum.

A condition of the knee, the opposite to knock-knee, next requires consideration. To this we apply the term "genu extrorsum," but "bow-legs" seems to me to possess the advantage of being more easily understood. It is a deformity commencing in infancy, and it occurs only in those of unhealthy constitution, often the subject of rachitis. The articular surfaces of the bones of the knee are in contact, but the tibia, fibula, and femur are all bent outwards so as to constitute one general curve, the inner malleoli being perhaps in contact, but the knees separated by an interval of many inches. In the severer cases it is combined with flat-foot (talipes valgus); but the inner side of the ankle-joint is here raised—not the outer side, as in knock-knee. The stretching of the internal lateral ligament therefore is due to the extension effected by the raised position of the malleolus, while in knock-knee it proceeds from the pressure of the weight of the body. Patients with this deformity "waddle" instead of walk, rolling from side to side in progression in a most ungainly manner. The knee-joint can, it is true, be bent, but the patient loses power in proportion to the deviation from the straight line.

I have already mentioned that there may be knock-knee in one leg, combined with outward curvature, or bow-leg, of the opposite; but more commonly the deformity is symmetrical. It is noticed to a limited extent amongst those accustomed much from infancy to horse exercise, and has been remarked on by travellers amongst wild tribes, who pass their lives mounted and traversing wide plains, as in different parts of the new world. Little can be done to set the legs straight in the adult. The bones, which were pliant in early life, become firm and solid with age, and pressure would fail to affect them; but a splint applied to the concavity of the bow might in time stretch the internal lateral ligament of the knee-joint, and produce separation of the articular surfaces—an end by no means desirable, and one calculated to weaken the limb, and to render necessary ever afterwards the use of irons as an artificial support. Some years ago, Mr. Tamplin divided the tendons of the semitendinosus and semimembranosus muscles at the knee in a young man aged twenty-six, the subject of bow-legs, and afterwards tried the effect of pressure. An improvement was the result, but not such as would induce one to advise its being done in similar instances. Cases, then, require to be treated in early life.

Now, if it be true that the first stage consists in outward curvature of the tibia and fibula, the articulating surfaces of the knee being in normal contact, it follows that by pressing these two bones back into their proper shape we shall fulfil the great indication. The splints, then, should extend moderately high above the knee, but we should not expend much of our efforts upon the femur. The thickness of the soft parts around that bone removes it to a great extent from the influence of mechanical appliances, and it is happily the case that the curvature, except where produced by rickets, is less than may at first appear. The splint should descend just below the internal malleolus; it must be well padded at the points of pressure, and provided with webbing straps to pass around both limb and splint, so that a constant and steady pressure may be kept up. It is only by the most gradual and uninterrupted treatment that good can be obtained, for you must recollect that not only the knees, but the bones also, are affected, and a child cannot bear any great amount of continued pressure. It must be so applied that the child is subjected to no pain. You can in this way, in the young, overcome the deformity; and if the splints are carefully applied, the little patient will walk with greater comfort and firmness with them than without them. Irons have been and are daily used; but you cannot keep up such uninterrupted support as you can with a wooden splint and webbing straps. The treatment will occupy many months, a fact which should be communicated to parents, in order that they may not mistrust the means employed, and become dissatisfied.

ON TRAUMATIC DESTRUCTION OF THE URETHRA,

AND ITS

RELIEF BY A SUITABLE APPARATUS IN THE PERINÆUM.

By OLIVER PEMBERTON, Esq., M.R.C.S.,

SURGEON TO THE GENERAL HOSPITAL, AND LECTURER ON SURGICAL PATHOLOGY IN SYDENHAM COLLEGE, BIRMINGHAM.

Of all injuries to which the urethra is liable, there are none that give rise to so many present and future sufferings as those which are comprehended under the general description of traumatic rupture, or laceration. Varying in the severity with which they are inflicted—in the extent of the canal that they sever or destroy, they one and all require prompt surgery for their relief.

The happy issue that so often attends on the simple laceration, complete more or less though it be in including the entire urethra, but unaccompanied by destruction, when immediate catheterism has been adopted, is well established by the experience of most surgeons. Moreover, the restoration in all permanence and usefulness of the canal at periods remote from the accident, where but the faintest traces of the urethra remain at the seat of injury, is an event that surgery, by well-directed measures, can achieve. But it is otherwise where the urethra has been for some extent completely destroyed. For supposing that the catheter has, in the first onset, fortunately reconnected the upper and lower ends, or that, at a later stage, it has reunited them as the result of an operation at the seat of injury, in either case, from the circumstance that the structures of the new canal have in no way a resemblance to the old one, it becomes a grave question whether such a channel can ever be permanently maintained.

The following case will serve to illustrate the difficulties that, under unusual circumstances, sometimes attend on the treatment of this class of accidents:—

W. H——, a strongly-built, well-developed lad of sixteen, was brought to the General Hospital, at eleven o'clock on the morning of the 20th November, 1858, having met with the following accident:—Whilst following his employment in the iron rolling mill at Bromford, near this town, which consisted of passing and receiving the red-hot rods of iron as they were lengthened out between the rollers, the one he thought he had just passed, turned, and coming in contact with him, penetrated the left side of his scrotum. He reached the hospital in about an hour after the accident, having to travel a distance of five miles. When I saw him, immediately after his admission,

he was much prostrated. The hot rod had entered the scrotum on the left side, just outside the position of the cord and the tunica vaginalis; it had passed deeply backwards, and with a direction obliquely across to the right side. In this course the left testis and its coverings were exposed, but not injured; the position of the urethra appeared traversed at about the situation of the bulb, whilst the wound terminated at the right ascending ramus of the ischium, which could be plainly felt uncovered by the finger. Though the external opening was not larger than sufficient to admit the index finger, the parts within were extensively lacerated and seared. As might be expected, scarcely any bleeding had taken place. On inquiry, I found that he had not passed urine since the accident, but was beginning to suffer from the desire to do so. I, therefore, at once made an attempt to introduce a catheter into the bladder. In this I was completely foiled; for though I could readily pass the instrument along the first part of the canal into the wound, I could not, after repeated endeavours, succeed in passing it onwards through the lower torn extremity. As his symptoms of retention were not urgent, I waited for three hours, by which time the bladder had become considerably more distended. I now had him placed on the table in the lithotomy position. Chloroform was given, and with the assistance of my colleague, Mr. Bolton, I cut down in the raphé, and freely laid open the wound. With a little dissection, the upper extremity of the urethra was detected, corresponding in situation to the lower part of the spongy portion, but with its bulbous division altogether gone. I next sought for the vesical end, but in vain. The textures were so altered, confused, and destroyed by the combined tearing and burning, that I was compelled to abandon for the present the attempt to find its situation, and although the bladder, during the dissection, freely relieved itself through the wound I had made, even this did not enable me to find the clue to the urethral aperture, though the direction of the flow of urine was carefully followed for the purpose. The necessity for further proceedings, in reference to retention, being thus at an end, the patient was removed to bed.

For many days his life was in great peril, sloughing taking place in the track of the wound, and evidences of severe constitutional disturbance setting in. Fortunately, owing to the free opening in the perinæum, the escape of urine was never interrupted, so that his condition was not aggravated by either retention or extravasation. After nine or ten weeks, the wound, where the rod had entered, closed, and the urine discharged itself without impediment by numerous openings variously scattered about the perinæum and lower part of the scrotum. A few drops would find their way occasionally through the meatus, but all attempts to pass an instrument beyond the obliterated portion were unavailing.

On the 16th of March, 1859, four months after the accident, he was made an out patient, in the hope of improving his health, that he might with a better prospect undergo, after a time, a renewed attempt to discover the lower end of the urethra.

On the 8th of April he was re-admitted. His health was now vigorous; his condition otherwise, however, was truly deplorable. Possessing the power to control the period for the discharge of his urine, when the time came that he must empty his bladder his sufferings were extreme, the urine dribbling about his perinæum and scrotum, and occasioning the most lively agonies. Occasionally, to add to his miseries, the bladder would become so irritable that the desire for micturition was incessant. On examination, the scrotum was found to be greatly thickened about the middle line, the enlargement being continued backwards along the perinæum as far as the margin of the anus, and numerous fistulæ being scattered over the surface.

May 4th.—This day, under chloroform, the patient being in the lithotomy position, I passed a sound down to the obstruction, and cut on its point in the perinæum. This incision I increased so as to completely divide all the thickened textures in the middle line in the position formerly occupied by the urethra, and terminated it at the situation of its membranous portion just in front of the anus. After spending a long time in endeavouring to discover the entrance to the canal, in a careful dissection amongst these, and seeking the guide of the prostate by the rectum, as far as an empty bladder would let it avail, I was a second time compelled to relinquish the attempt.

From the effects of this operation the patient made a very speedy recovery, and the parts having resumed pretty much the condition they had previously possessed, he was made an out-patient on the 3rd of June.

For the next few months he made an endeavour to follow some employment in the iron works, and to a certain extent succeeded; but he could not, he found, continue. His distresses, worse than ever, rendered any condition preferable in his judgment; he therefore again requested that I would try to benefit him by an operation, and with this view he was once more admitted on the 5th of December.

During the six months that he had been away, the urine had discharged itself through the fistulæ in the manner previously described, now and then a few drops passing by the meatus. The induration of the scrotum and perineal textures was greater than it had hitherto been, and there was evident suppuration going on in several places adjacent to the fistulæ. From time to time the abscesses were opened, and by an absolute confinement to bed the infiltration about the perinæum became considerably lessened.

On April 18th, 1860, his general health being well restored, I again cut down on the perinæum, the patient being in the lithotomy position and under the influence of chloroform. This time I did not pass a staff along the portion of the urethra that was permeable, my only object being to discover the vesical end of the canal, and to introduce a means of carrying off his urine in some degree of comfort through an opening in the perinæum. Accordingly, having freely exposed the situation of the membranous urethra, the left forefinger was passed up the rectum to note the position of the prostate and neck of the bladder as well as to protect the intestine; a long-handled, double-edged scalpel, carefully held horizontally, was then passed directly onwards towards the bladder in a course through the centre of the prostate for a distance of nearly two inches. At first the textures resisted and cut with a gristly feel, and then suddenly yielded. I felt that the bladder must at length have been gained; the knife was therefore withdrawn, and along its track a full-sized female catheter was without further difficulty introduced, and about two ounces of turbid urine withdrawn. The catheter having been securely fastened by tapes, the patient was removed to bed.

The urine being now entirely passed by the instrument, his amendment was highly satisfactory. For the first time for nearly two years and a half the parts about the scrotum were dry. The fistulæ closed, and the thickening about their channels subsided. About every ten days the catheter was removed to be cleansed of the calculous matters that encrusted it, but no difficulty was experienced in replacing it. After a time he was permitted to get up, that he might accustom himself to walk about with the instrument, and this he soon accomplished without much inconvenience.

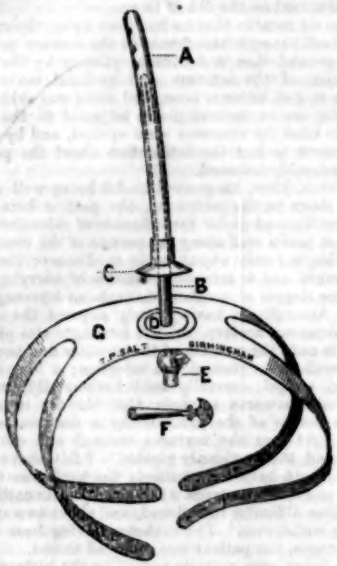
It became now a question whether any attempt should be made to re-establish the urethral channel. A catheter introduced at the meatus passed without obstruction a distance of little more than three inches. From the point where it was arrested to the spot where the posterior part of the urethra received the perineal catheter there intervened between two and three inches of dense cicatricial tissue, the result, in the first instance, of the laceration and burning, and latterly of continued infiltration of urine. To this extent the urethra appeared to me to have been utterly destroyed, and any operative proceeding with a view to its restoration must contemplate its reconstruction out of these materials. After a careful review of the state of the parts, I determined not to make the attempt, at any rate not for the present—a conclusion that was fortified by the wishes of the patient himself, whose newborn condition of happiness appeared, after his sufferings, to be everything he could desire. My attention was therefore turned to provide him with a suitable instrument to serve for the control and discharge of his urine, and at the same time to admit of his moving about with comfort and facility. Such an appliance has been excellently contrived, under my direction, by Mr. T. P. Salt, the surgical instrument maker of this town, and will be readily appreciated by the description of the engraving on the following page.

A few days sufficed for the patient to get accustomed to the instrument and its arrangements. He expressed himself as feeling perfectly comfortable. There was no leakage, and no inconvenience to one who had suffered for so long. He was able both to sit and to stand, and to move about with almost any amount of activity.

His general health being fully restored, he was discharged September 7th, 1860.

February, 1861.—He has now worn the apparatus for more than six months. The parts around are sound, and in no degree excoriated. The hardness in the situation of the injury is yet unaltered, but the thickening in front of the anus is gone. He finds no difficulty in cleansing the inner tube when necessary. The poor fellow tells me that he is quite satisfied

with his condition, and content to get his living by the aid of a horse and cart that have been provided for his use. He walked six miles to see me, without suffering, and will return the same distance.



A. A silver canula similar to a female catheter, about the same length.
B. An internal canula, carefully fitted to the outer.
C. A shoulder, the concave part of which is fitted with vulcanized rubber washers, to insure the tubes being water-tight.
D. A convex flange, fitted to receive the impressions of the washers when the shoulders of the tube are brought in apposition.
E. Stopcock.
F. Key for moving stopcock.
G. An indiarubber band, the four ends of which are suitably attached to a body-band (not shown in the sketch).

The unusual character of the injury in the case here recorded will go far towards explaining the difficulties that attended its successful relief in the first instance. One can scarcely, indeed, imagine a lesion more serious, in regard to the particular region affected, than that which took place. Not only was a laceration, complete in all respects as regarded the urethra, inflicted, with that irresistible violence peculiar to steam power, but, from the circumstance that the weapon of destruction was red hot, far more mischief was occasioned than could otherwise have possibly arisen. The direction which the rod took in entering was unfortunately from above downwards, so that no inconsiderable portion of the urethra must have been destroyed in its vertical position by laceration and burning ere the iron actually traversed the canal from one side to the other.

Surgery, in such an accident, has a twofold proceeding to accomplish, if possible. The one, to carry off the urine, in order to avoid its retention or extravasation; the other, to restore the completeness of the injured parts. As to the first of these, I make here no further comment than to remark, that the discovering of a severed end of a urethra amidst altered structures and with an empty bladder never can be an easy undertaking; in fortunate instances it may be done with apparent facility, but in others there may be difficulties which will baffle for a time the best-directed efforts to overcome them. The second involves a question of the utmost gravity. Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed? I believe not. If, however, there should remain only a trace of the canal at the injured part, but a fragment of mucous membrane yet maintaining a connexion between the upper and lower ends of the urethra, then may the channel undoubtedly be effectually re-established. The most hopeless cases may be cured where this streak of mucous membrane suffices to keep up a connexion and constitutes the nucleus of expansion for the new canal.

The records of surgery do, it is true, afford some scanty materials leading us to conclude that in rare instances a limited destruction of the urethra has been *permanently* repaired.

In Earle's* case, where above an inch of the canal of the urethra sloughed away in the perinæum, a smooth cicatrix occupying its place, without any mucous membrane being visible, save at the termination and recommencement of the interrupted passage, after three operative proceedings a cure was effected, and from a "cicatrix of common integuments" a new canal was formed. Three years afterwards he was reported as able to expel his urine *pleno rivo*, as having married, and being moreover a father.

So impressed was Earle with the readiness with which a renewal of parts of the urethra might be effected, that he speculates on the extirpation of diseased portions of the canal in the perinæum as a remedy for stricture and its accompanying fistulæ.†

There was no doubt in this case of the complete destruction of the canal, but we are in want of a further history of this patient's condition, which I am not aware has ever been afforded.

In Dr. Houston's‡ case, often referred to, the sloughing of the urethra arose in consequence of a fracture of the pelvis; but we have no evidence of the entire circumference of the urethra having been removed, though there did exist separation and great distortion of the anterior and posterior extremity of the channel.

Sir Astley Cooper§ is altogether silent on the matter when treating of the kindred accident of unnatural apertures.

Liston‖ is not more satisfactory, for in his cases either the urethra was lost in the midst of numerous fistulæ, or was divided without loss of substance.

Sir B. Brodie,¶ in speaking of those cases in which there is an actual loss of substance, thus expresses himself:—

"Here either the patient must be left to the discomfort and misery of voiding the whole of his urine by the perinæum for the remainder of his days, or he must submit to an operation, to perform which in a satisfactory manner requires the utmost exertion of skill on the part of the surgeon, and of which even then nothing better can be said than that it is the only thing which, under his peculiar circumstances, affords the patient a reasonable prospect of relief."

Sir Benjamin then relates two cases. In one there was a deficiency of three quarters of an inch below the pubes; the canal was restored by operation, and the patient, who lived five years afterwards and then died of another complaint, remained well, having made occasional use of a catheter during the time. In a second instance also about three quarters of an inch was deficient immediately below the pubes. Here an artificial passage was maintained after its establishment by an operation; and nearly a year afterwards the patient suffered no further inconvenience than that arising from the trouble of passing a bougie. He was not, however, seen afterwards.

Earle's experience, then, stands by itself in reference to the extent of canal destroyed—above an inch, as opposed to three quarters of one in Brodie's. But if the surgery of these cases is to establish anything, we should know more than we do of its permanence; not one year, nor yet three, nor even five, can be deemed sufficient to tell their story to the ending. I confess that the following appears to me to be far more likely to be their general result.

In 1852, Mr. Syme operated on a young man of nineteen, who, when a boy of four, having received an injury to the urethra, had ever since the accident passed his urine from an aperture just in front of the anus. About three quarters of an inch of the urethra appeared to be entirely deficient. The continuity of the canal was restored by the deficiency being freely divided and a catheter being placed in the bladder. Notwithstanding, the artificial passage contracted, "having at no time served the purpose of a urethra," and his condition was in no way benefited by the proceeding. Mr. Thompson,** who records this case, adds that Mr. Syme attributed this occurrence to the fact, that the new channel was made altogether through the common tissues of the part, which in no respect resemble the natural constituents of the urethral canal.

It may seem a melancholy circumstance to abandon a patient for the remainder of his days to the necessity of voiding his urine by an artificial apparatus in the perinæum; and it is a con-

* Practical Observations in Surgery, p. 197. Lond. 1823. † Op. cit., p. 211.
‡ Dublin Quarterly Journal, vol. viii., p. 11.
§ Surg. Essays, part ii., p. 198.
‖ Pract. Surgery, ed. iv., p. 465.
¶ Lectures on the Urinary Organs, Ed. iv., p. 86.
** Pathology and Treatment of Stricture, p. 368. 1st Edit.

dition most truly deplorable, especially when it is remembered that both the sexual and social relations of life are annihilated by such a calamity. But, let me ask, What prospect is there of restoring a permanent passage when between two and three inches of the urethra have been utterly destroyed? I have already stated,—I believe, none whatever. The experience of others may, however, lead them to think differently. If this be so, I may yet learn how to apply a remedy in the case I have narrated.

Temple-row, Birmingham, March, 1861.

ON A

CASE OF CALCAREOUS DEGENERATION OF THE LENS FOLLOWING INJURY.

REMOVAL AFTER SEVENTEEN YEARS.

BY ALEX. GARDEN, M.D.,

CIVIL ASSISTANT-SURGEON, GHAZEEPORE.

ON the 25th of February, 1860, I was asked to send some lotion for an inflamed eye, by the subject of the subjoined case, the Rev. ——, and so unimportant did he consider it, that I did not see him to examine the organ till the 27th, when I found the right eye in the following condition:—Close behind the cornea, at the lower part of the anterior chamber, and lying obliquely, with its posterior border resting on the iris, was a white, hard-looking body,—evidently the lens,—opaque, and dislocated. By holding his head backwards, and shaking it slightly, the lens could be made to fall back into the posterior chamber, its usual position, according to the history given by the patient. As an organ of vision, the eye was perfectly useless, the sight having been destroyed seventeen years before, the eye also having become somewhat shrunk and flattened. There was a considerable amount of ocular conjunctivitis, and the sclerotic was affected at the lower part, nearest where the lens, now a foreign body, rested, as shown by the pink colour of that membrane. There was severe pain, and a constant aching, increased, through sympathy, when any attempt was made to use the left eye. Leeches, applied by the patient himself, had failed to give the relief they had done on former occasions. The patient was sound in health, thirty-two years of age, and four years resident in India. He gave the following history:—

Seventeen or eighteen years ago he received a blow on the eye from a stone, whereby dislocation of the organ was produced, and with it loss of vision, a slight perception of light alone remaining. The eye subsequently became flattened, and ultimately the lens became opaque. Some years ago he consulted the late Mr. Guthrie, with a view to having the lens extracted; but that eminent surgeon did not deem the operation advisable, as no good could come to the injured eye, and nothing had happened for years to cause fear of any untoward event, whilst the operation might weaken the sound eye. In 1856 he first noticed the white body in front of the eye, which could be moved to the front of, or behind, the iris at will, by simply moving his head backwards or forwards. Since that period he has several times suffered from conjunctivitis; but on all occasions it yielded to the application of leeches, and the use of lotions.

On Feb. 29th, 1860, in consultation with my friend, Mr. Palmer, the conclusion was come to, that the sooner the lens—the *fons et origo mali*—was removed the better. It was seen still lying in the anterior chamber, resting on the lower part of the cornea. The sclerotic inflammation was much increased, and, in addition, four or five large vessels were seen coursing upwards to the margin of the cornea where the lens rested, similar to those seen in ulcus corneæ, but more diffused; and no doubt ulceration would have been Nature's method for getting rid of the foreign body, the lens. The patient's sufferings were much increased, and he was totally incapacitated for work of any kind.

At half-past seven A.M., on March 1st, aided most kindly by Mr. Palmer, I proceeded to perform the usual operation for extraction, by section of the upper half of the cornea. I may here remark, that the necessity for immediate operation was clearly shown by the great increase of the inflammation since the previous evening, chemosis on the inner side having commenced. The section of the cornea was performed readily and satisfactorily, but, owing to the patient's extreme nervousness, it was long before the lens was extracted, and then only by the administration of chloroform. The lens was then found lying in the posterior chamber, at the lower part, but it at once slipped through the section by the aid of a gentle lift with the curette. Having satisfied myself that all the parts were in their proper places, the eyelids were closed and fastened by strips of plaster, and a light bandage placed over the eyes. On examination, the lens was found opaque, white, and very hard, like a piece of marble or Parian ware; in fact, in a state of calcareous degeneration. The good resulting from the operation was most marked, for the severe pain and aching stopped almost at once, and beyond slight uneasiness in the morning, the patient never complained of anything. The progress towards recovery was so rapid and satisfactory that a detailed daily report would be useless.

For the first three days he was kept entirely in the dark, his diet being mild and unstimulating. On March 5th, I found the corneal wound closed, the aqueous humour reproduced, and the eye looking fuller and more prominent than before the operation. There was still a great amount of conjunctivitis, but no pain. From this time light was admitted by degrees, and he returned to his ordinary diet.

A fortnight afterwards the state of the eye was as follows:—Pupil clear and distinct, slightly tremulous; eye fuller than before the operation; a little conjunctivitis still remains; he can use the sound eye without inconvenience. When he left the station on May 1st, his eye was in the same condition.

The remarks I have to offer on the foregoing case need be but few. It is not as a case of calcareous degeneration of the lens, following injury to the eye, that I desire to record it, for such cases are by no means rare; but it is to draw attention to the length of years during which the lens—degenerated in structure, consequent on a severe injury to the eye, whereby its connexions were disturbed—remained in its proper place, apparently harmless, causing no mischief either in the injured eye directly, or the sound eye by sympathy, and then finally escaped from its capsule; and even then, when pre-eminently a foreign body, capable of giving rise to the most serious consequences, remained almost innocuous for a period of four years, producing no symptoms of import. It would be interesting to determine how, after resting for so many years in its proper locality, it at last burst bounds. Probably the capsule suffered by the first injury, but not sufficiently to allow of the escape of the lens, and thus, weakened in its structure, required but some great disturbing cause, such as the violent retching during sea-sickness, for it to give way, and set free the lens; for my patient first noticed the lens in its abnormal position very shortly after landing in India from England. Or could the hard and heavy lens have had power sufficient to cause absorption of the capsule by pressure?

Regarding the treatment—the necessity for operation—nothing need be said. The rapid increase of the inflammation and of the patient's sufferings rendered it imperative. A few words with respect to the administration of chloroform. Inadmissible as it may be generally in cases of section of the cornea, there were two circumstances that led me to employ it without much fear in this case: 1st, that it was impossible to leave the eye with safety as it was, and, at the same time, the patient's nervous terrors would not allow us to even touch the eye; 2nd, the eye being already useless, there was no dread of destroying the sight to deter me. As it was, the dreaded vomiting did occur; but fortunately with no worse result than emptying the patient's stomach. If the case had been left to itself, ulceration of the cornea at the lower part would have occurred; for Nature was already bracing herself up for the task—a slow and clumsy process after all, and one during which the other eye must inevitably have suffered through sympathy. The only other point is, whether it would not have been better to have removed the lens years ago. As matters turned out in this case, it was, perhaps, as well not to interfere whilst the lens was in its place, for any risk to an organ so all-important to a clergyman was to be avoided; but when, four years ago, it first escaped from the capsule, removal would have obviated the attacks of inflammation in the unsound eye to which the patient had been so liable.

Ghazeepore, 1860.

A WORD ON TRACHEOTOMY.

By C. F. MAUNDER, ESQ., F.R.C.S.,
ASSISTANT-SURGEON, LONDON HOSPITAL.

IN the performance of tracheotomy, the introduction of a canula under circumstances requiring its use is usually deemed to be the most difficult step in the operation—a difficulty due to the constant and rapid elevation and depression of the trachea during respiration and deglutition. This difficulty is especially felt in children, in whom the windpipe is small and yielding. To overcome this obstacle I would beg to suggest a procedure which will facilitate the completion of the operation.

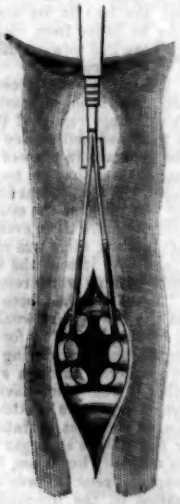
The trachea having been incised longitudinally, the operator should insert the point of a *double* hook through the incision into the windpipe, and hold the latter elevated and fixed; he should then slip up the clasp and allow the halves of the hook to separate by their own elasticity, and so to widen the slit in the trachea; this done, the canula may be passed into the tube with comparative ease, and the hook withdrawn.

Should any difficulty be experienced in the attempt to open the trachea after division of the softer tissues, the organ may be fixed in the adult by holding the cricoid cartilage firmly with the finger and thumb, or by a sharp hook inserted into the latter cartilage through the upper angle of the wound. In the child the sharp hook should be used.

Although a double canula be used and the inner one be removed at intervals, cleaned, and replaced, still mucus becomes inspissated, and, adhering to the extremity of the larger tube, offers a serious obstacle to respiration. This inconvenience may be remedied, while the inner tube is being cleaned, by the careful introduction of a small elastic catheter—well warmed, so as to soften it, and oiled—quite through the larger tube just into the trachea. By this means a passage is cleared and the obstruction is removed.

Again, although a double canula be used, mucus collects at the further extremity, and cannot always be dislodged either by cleaning the inner tube or by a catheter or feather; both must therefore be removed and cleaned, or be replaced by others. This necessity occurred to me in a case recently under my care; and in order to obviate the difficulty anticipated on re-introduction of the cleaned tubes, I first removed the inner canula, and then passed a small elastic catheter, well softened in hot water, through the outer tube into the trachea, and, maintaining it there, withdrew the tube over the catheter, and, as soon as it was cleaned, passed it back again along the catheter, still in the trachea, till the former occupied its original position; the catheter was then removed from the trachea.

The catheter served both as a tube by which respiration could be sustained, and also as a guide for the re-introduction of the canula, after the manner of Wakley's catheters.



The figure shows the cut ends of three rings of the trachea, with their edges separated by the double hook sufficiently to admit of the ready introduction of a canula. The handle of the hook rests upon the patient's chin. Should the retention of a canula in the windpipe be deemed injurious, the slit may be kept permanently open by reversing the position of the double hook.

New Broad-street, March, 1861.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

MELANOTIC TUMOUR OF THE LEFT ARM, GROWING FROM THE CICATRIX OF A MOLE ERADICATED BY CAUSTICS.

(Under the care of Mr. FERGUSSON.)

SINCE the last report of cases of melanosis in the "Mirror," nearly four years ago, we have met with comparatively few examples of the disease. During the last few months, however, two instances have presented themselves, wherein it was developed in the form of tumours; these we now publish, and add the sequel of a third case which appeared in a previous "Mirror."

The most frequent seat of melanosis is the eye or its appendages; next in frequency come the skin and subcutaneous areolar structures. Moles, when irritated by some cause, often give rise to tumours of this kind; and these may assume either the benign or malignant form of the disease. Although in the great majority of instances melanosis is associated with some one of the varieties of cancer, it must be understood that the melanotic pigment *per se* does not constitute malignancy. Into this question we entered on a former occasion (THE LANCET, vol. i. 1856, p. 657). Dr. Walshe has, besides, clearly proved the incorrectness of the opinion of some pathologists—that accumulations, whether fluid or solid, having a black colour, are not actually cancers. (See his valuable monograph on Cancer, p. 184.)

In each of the following cases the black deposit was associated with medullary cancer; therefore they form illustrations of "black cancer" properly so called—a term which should be restricted to melanosis when it produces a deposit in either the scirrhous or encephaloid carcinoma.

The seat of the disease in the first case was the cicatrix of a mole which had been destroyed by caustics. It is very probable that some granules of pigment remained to form a nidus for the propagation of the disease, now associated with cancer. The tumour commenced to form three years ago, as soon as cicatrization was complete; it was not larger than a walnut when removed, but was evincing a disposition to augment rapidly. Its true character was quite apparent on examining a section of it afterwards. For the notes of the case we are indebted to Mr. Charles S. Matthews, house-surgeon to the hospital.

J. B——, aged thirty-nine, single, a cook, and a member of a healthy family, admitted into No. 3 ward, January 30th, 1861, with a small melanotic tumour of the left upper arm. The history is, that a small mole had existed on the arm as long as she can remember. Some three years ago she observed that it had become raised a little above the general surface, and had assumed a warty appearance. To rid herself of it, she had caustics applied, producing a small ulcer, on the site of the mole. This soon healed, and then the tumour first began to grow in the cicatrix. It has caused her a good deal of pain, and has been gradually increasing in size up to the time of her admission, when a tumour was found on the inner and back part of the arm, three or four inches above the con-

dyle. It was of about the size of a large chesnut, and nodulated; the skin covering it thin and bluish in appearance, semi-elastic to the touch, pressure giving her severe pain, running up the arm. There are no enlarged glands in the axilla nor elsewhere.

Feb. 2nd.—Chloroform having been administered, Mr. Fergusson dissected out the tumour, removing with it a small elliptical piece of skin. Several small portions hung about the wound after the mass had been taken away, and had to be scraped out. The edges of the wound were then brought together by sutures.

The growth, when cut across, was found to be of tolerably firm consistence, and of a uniformly purplish-black colour, evidently of a melanotic character, associated with medullary cancer. The woand healed almost entirely by first intention, and the woman was discharged on the 18th of February.

GUY'S HOSPITAL.

MELANOTIC TUMOUR OF THE THIGH; REMOVAL, FOLLOWED BY CICATRIZATION OF THE WOUND.

(Under the care of Mr. BIRKETT.)

WHEN the inguinal glands are enlarged in cases of melanotic cancer situated in the thigh, it may be taken as an unfavourable symptom; for in the many cases now on record where such a complication existed, the disease has sooner or later recurred with extreme virulence, as exemplified in the third case in our present report. In Mr. Birkett's patient these glands were enlarged and indurated one month before admission into hospital, but they remained quiescent up to the period of his discharge. A return of the disease must, however, be anticipated.

A very interesting case, in which a lymphatic gland in the thigh became enlarged and melanotic, following melanosis of the great toe, is recorded by Mr. Hutchinson in the "Pathological Transactions," vol. viii., p. 404. Although both the toe and gland were removed, the disease appeared in the groin and then in the stump of the amputated toe some weeks after, and carried off the patient.

We would here refer the reader to the report of a case of melanosis of the groin, recurring after removal of the same disease from the great toe five years before, in a man under Mr. Fergusson at King's College Hospital (THE LANCET, vol. i., 1857, p. 289); and to another of recurrent melanosis of the rectum, in a patient under Mr. Moore's care at the Middlesex Hospital (ibid, p. 290).

J. W——, aged sixty-seven, an agricultural labourer from Lincolnshire, was admitted on October 15th, 1860. He had always enjoyed good health, and was healthy-looking. Attached to and growing in the integuments covering the fascia of the left thigh, in the region of the insertion of the tensor vaginæ femoris muscle, was a large tumour, five or six inches in its vertical diameter, and four inches transversely. It projected in bold relief from the base of attachment. The skin was adherent to its entire surface, and here and there was of a purplish or blue tint, like the colour produced by congested and dilated veins. It was very hard, slightly nodulated, and movable on the fascia lata. The inguinal lymphatic glands were hard and enlarged, and they had been noticed one month. The tumour commenced to grow between three and four years since, but within the last three months it had increased very rapidly.

Mr. Birkett excised the tumour, together with the investing integuments, which were too deeply involved in the growth to be safely detached. A large number of very small arteries traversing the fascia lata bled freely. A considerable surface of the fascia lata was thus exposed, but the edges of the wound were as closely as possible approximated. There was slight secondary hæmorrhage, which was arrested by merely removing the coagula, and applying cold. A large portion of the wound healed by granulation, and the man left the hospital well on the 20th November last.

It may be noted that the patient declined the inhalation of chloroform, observing that he thought he had "good heart." This he displayed to the fullest extent, for the operation was completed without the expression of a murmur.

A section of the growth displayed a beautiful example of melanotic cancer; the most remarkable feature of its surface being the well-defined, marbled outline of the black and white varieties of cancer; the sharply defined outline between the black and white cancer being prominently conspicuous. Thus within the same envelope were the two varieties united, although distinctly defined and circumscribed. The usual elements of cancer were visible under high magnifying powers.

ST. GEORGE'S HOSPITAL.

SEQUEL TO A CASE OF RECURRENT MELANOSIS OF BOTH GROINS AND BACK; THE DISEASE RE-APPEARING IN THE BRAIN, HEART, PANCREAS, LIVER, AND OTHER ORGANS.

(Under the care of Mr. PRESCOTT HEWETT.)

THE following most interesting details form a sequel to, perhaps, one of the most remarkable cases on record, and which appeared in a former "Mirror" (see THE LANCET, vol. i. 1856, p. 657):—

George K——, aged thirty-five, was admitted on the 9th of April, 1856, for melanotic tumours in various parts of the body, and especially in the groin. Some of these were removed, and the patient recovered from the effects of the operation, permitting of his discharge on the 11th of June. On May 28th, before leaving the hospital, he was seized with great pain in the head, accompanied by severe and persistent vomiting. His countenance assumed a very strange, vacant expression, and he seemed to have some difficulty in collecting his thoughts when spoken to. These symptoms passed off in about five days; and on his departure the tumours on the back seemed to be growing.

He was re-admitted on the 14th of July. The complexion was now more sallow than before; the tumours in various parts of the body (trunk, right axilla, left ham and thigh, &c.) were growing rapidly; the pain in the head had recurred frequently, and had latterly become much more severe and continuous. He complained of loss of motion in the right hand and arm, and the mouth was drawn to the left side. The right side of the face had lost expression. There was also partial loss of sensation in the right arm and leg. He alleged that he observed double vision when the pain in the head was very bad. The speech was slow and hesitating. On the day before his re-admission he had had several seizures of shaking of the right arm.

July 16th, 1856.—The vomiting of green bilious fluid, which had troubled him before, has recurred, and persisted for a week. After this, till the day of his death (28th), he used occasionally to vomit his food; but was otherwise better.

On the evening of the 28th he died suddenly. During the previous day it was observed that the right eye had been kept closed (it should have been noticed that there was slight ptosis on each side on his re-admission), except during the exertion of speaking, when he opened it. He had, however, spoken seldom, and seemed very lethargic. Shortly before his death, he suddenly turned purple, and this dark tinge of the face increased up to his death, which was preceded by some strange noises in his throat, and by struggles as if for breath. No regular fits were observed.

Post-mortem examination.—The body was pale and emaciated. Tumours of small but variable size were found on the trunk, in the right axilla, and in the left thigh and ham. There was no fluid, nor were there any adhesions, in either pleural cavity. At the back part of each cavity a few small tubercles of mixed melanotic and encephaloid cancer were found in the subpleural and areolar tissue. The surfaces of both lungs beneath the pleuræ were studded with small deposits of a similar character; in other respects these organs were healthy. The bronchial glands on both sides were infiltrated with the same deposit to a very considerable extent. The glands, also, in the posterior mediastinum were similarly affected. In the substance of the heart on the right side, and projecting into the right cavities, were several small masses of encephaloid deposit; on the left side the deposits were chiefly of a melanotic character. In other respects the organ was normal. There was a small encephaloid tumour near the anterior margin of the right lobe of the liver, and a larger one, about the size of an orange, near the same point. The stomach was quite healthy. Numerous small nodules of encephaloid and melanotic malignant deposit were found in the substance of the pancreas. Several masses of melanotic cancer, of varied form and size, were found connected with the omentum and mesentery; one, attached to a portion of the mesentery near

the small intestine, was about the size of a small apple, and pedunculated. The right kidney was very much congested, the medullary cones being almost of a black colour. The left kidney was enlarged to the size of a cocoa nut; on cutting into it, the cortical and medullary portions were found wanting, a mere cyst remaining full of soft melanotic deposit. The lumbar aortic glands—those accompanying the right external iliac artery, as well as those in the inguinal canal and in the inguinal region—were found extensively infiltrated with melanotic cancer. The scalp and cranial bones were quite natural. The cerebral membranes were all normal, excepting opposite two small portions of the left cerebral hemisphere,—namely, at the anterior extremity and at the posterior and upper part. At these parts the arachnoid membrane and dura mater were thickened, hardened, and opaque. Corresponding to the altered condition of the membranes at these parts, the subjacent brain was found to be of a dark reddish brown colour and very firm; and this was owing to the presence of two rounded, well-defined masses of carcinomatous material, each of about the size of a bantam's egg, occupying at these parts the superficial portion of the brain, and involving also the surface itself. The cerebral ventricles contained more than an ordinary amount of fluid; but nothing beyond the above masses of an unusual character was found about the brain. The carcinomatous deposit was of the melanotic form, excepting in one or two small places where no dark colour existed, and where it was of a cream colour. The true nature of the cancerous and melanotic disease was determined by microscopical examination.

MELANOSIS OF THE LABIUM, AND GLANDS OF THE GROIN AND PUBES.

The melanotic tumour, of which the following is a description, was removed from the labium by Mr. Prescott Hewett about five years ago. It is preserved in the museum of St. George's Hospital:—

The patient, a lady aged fifty-nine, had first observed the tumour about eight months before the operation. It was thought to have come on a brown spot on the anterior surface, which was known to have been there for many years. Its growth had been very rapid for a short time before the operation; it was ulcerated (towards the lower part), and bled frequently. The glands and skin of the right groin and pubes were affected. The operation was performed by Mr. Prescott Hewett as a palliative measure, on account of the pain and the offensive discharge. The whole tumour, the black spots on the skin, and all the enlarged glands in the groin were removed. Two or three black spots, scattered deeply in the wound, were also dissected out, leaving the cut surface apparently clear throughout. The wound healed kindly, but after a time nausea and vomiting came on after meals, and she rambled occasionally. Two months after the operation, small black spots appeared near the cicatrix, and in the following month cerebral symptoms supervened. She was insensible at one time for three weeks. Towards the end of her life, however, she was perfectly sensible, and quite free from pain. She died suddenly six months after the operation. The black spots near the cicatrix had then increased to the size of beans. There was no post-mortem examination.

The preparation in the museum shows the black spots on the skin and those in the wound, as well as a cavity (at the lower part of the preparation) where the tumour had been situated. The melanotic character of the disease is well seen.

CLINICAL RECORDS.

A RARE FORM OF FIBRO-MUSCULAR SUB-CLAVICULAR TUMOUR.

OUR knowledge of tumours is by no means complete; for, notwithstanding the familiarity which most surgeons possess with the majority of these growths, every now and then instances present themselves, the diagnosis of which completely baffles the skill and acumen of the most able surgeon. In our issue of Oct. 27th, 1860, (p. 410,) will be found the account of an anomalous cystic tumour which well illustrates this remark, for the true nature of that growth still remains unknown. Perhaps a more singular case than that has just presented itself at the Middlesex Hospital. The patient is a delicate, sickly-looking woman, about forty years of age, who, four months before admission, received a blow on the chest, immediately below the right clavicle towards the sternum. This was followed by the appearance of a lump, which slowly enlarged, until it had attained the size of a hen's egg; but the swelling was somewhat diffused, as the tumour itself was evidently deep-seated, and now was somewhat prominent below the clavicle. She had also a swelling, of the size of a walnut, flattened, on the side of the right ramus of the lower jaw. The subclavicular tumour seemed to be of unequal density, and consisted of lobes; there was a deep feeling of fluctuation. In ten days it had decidedly increased in size, and formed apparently adhesions to the clavicle. Various opinions were hazarded as to its real nature: its deep situation, apparent fluctuation, and supervention upon a blow, led to the suspicion that it might be strumous deposit with matter, but a puncture was followed by nothing but a drop or two of blood; it might be medullary, or, again, fibroid or fibro-plastic. Its removal, however, was determined upon; and after much patient and careful dissection, on the 28th of November, by Mr. Moore, it proved to be an infiltration of the pectoralis major muscle itself, with fibrous deposit. The superficial parts were healthy, but beneath it simulated an aneurism; in fact, on section, a yellowish mass, of firm consistence, was found to be present in the centre, which resembled the clot of an old aneurism; and towards the circumference this was blended with the muscular structure. The microscope revealed this to be nothing but fibrine, which had infiltrated the muscle and formed a large and distinct mass, which had become organized in the form of a tumour. There was no artery discovered in connexion with it, although Mr. Moore carefully dissected it away from the inner and under parts. The nature of the tumour thus proved to be purely fibrinous, running into the fibres of the muscle named, beneath which it lay, as well as extending under the clavicle.

Its appearance before the operation strongly simulated malignant disease, and considering the woman's age, cachectic aspect, and the presence of another tumour in the jaw, together with the rapidity of growth, the majority of surgeons would have pronounced its nature cancerous. The skin was moreover discoloured, and the swelling to the naked eye was that of disseminated medullary deposit. The case is assuredly an instructive and interesting one. The patient has done very well, and made a good recovery.

ACUTE RHEUMATISM IN A CHILD TWO YEARS AND A HALF OLD.

ACUTE rheumatism, it is well known, is a disease more prevalent in men than in women, because the former are more exposed to the vicissitudes of temperature. It is asserted that the predisposition is certainly much affected by age. Dr. Wood states, in his "Practice of Physic," that "children under ten years, and adults over sixty, are seldom attacked, and the period of life at which the disease is most prevalent is probably between fifteen and thirty-five or forty." In hospital practice, however, we often see very young children affected with acute rheumatism, the occurrence of which is mostly attributable to the extreme exposure to cold and wet to which the offspring of the poor are not unfrequently liable.

On the 9th of October, there was admitted into St. Bartholomew's Hospital, under Dr. Farre's care, a child, two years and a half old (whose parents are not of the poorer class), suffering from acute rheumatism. The joints of the right wrist and hand, and the left ankle and foot, were the parts chiefly affected. The heart was not implicated. She was put on three grains of bicarbonate of potass and one of the nitrate of potass, in a drachm of peppermint water, three times a day, with the local application of the tincture of iodine to the parts. On the 12th it was found necessary to give her the tenth of a grain of powdered opium and one of calomel at night. Her pulse was 124. She has gone on steadily improving, and by the 24th she was nearly well, running about the ward, very cheerful and lively, but with some little swelling and stiffness remaining about the right wrist. Subsequently she left the hospital quite well.

DIABETES AND GANGRENE.—We would call the attention of physicians to several lately published cases where gangrenous spots seemed to be connected with diabetes. One of them appears in *L'Union Médicale* of the 25th ult.; the urine contained sugar, and several toes had been lost by gangrene. Although the relation of the two morbid states has not been as yet clearly made out, it is worth while noting these coincidences. It cannot, however, be denied that many undoubted cases of diabetes have been recorded where no gangrene has taken place.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

THE anniversary meeting was held on the 8th instant at the Thatched House Tavern, Dr. GARROD in the chair.

Dr. LEARED delivered the annual Oration.

The following gentlemen were elected office-bearers:—*President:* Mr. Coulson.—*Vice-Presidents:* Dr. Sibson, Mr. Rogers Harrison, Dr. Mackenzie, and Mr. Henry Lee.—*Treasurer:* Dr. Jas. Bird.—*Librarian:* Dr. Cockle.—*Secretaries in Ordinary:* Dr. Hyde Salter and Mr. G. Lawson. *Secretary for Foreign Correspondence:* Dr. Davidson.—*Councillors:* Mr. W. Adams, Dr. Dyer, Mr. A. Fisher, Dr. Hare, Dr. Hawksley, Mr. Love, Mr. P. Marshall, Mr. Marson, Dr. Merriman, Dr. W. R. Rogers, Dr. Buchanan, Mr. E. Canton, Dr. Garrod, Dr. Habershon, Dr. A. Henry, Mr. R. Read, Dr. B. W. Richardson, Mr. S. J. A. Salter, Dr. Stocker, Mr. Townley.—*Orator:* Mr. P. C. Price.

MONDAY, MARCH 11TH, 1861.

MR. COULSON, PRESIDENT.

The PRESIDENT, on taking the chair, said: "My first duty is to thank you for the honour which you have conferred on me. I consider it no small distinction to occupy a chair which has been filled by such men as Lettsom, Fothergill, Clutterbuck, Johnson, and many other illustrious persons, some of whom have been removed from amongst us, and others happily still remain. The Medical Society of London, though one of the oldest institutions in this metropolis, feels not the weight of years, but becomes vigorous with the lapse of time. The creations of the mind, unlike those arising from material causes, gather strength as they grow, and, assimilating unto themselves imperishable nourishment, flourish and bear fruit unto the end of time. We shall disappear ourselves; but our work, if it be good, will remain. What, then, is our work, and for what object are we associated? Need I tell you that it is to develop and improve the science of Medicine; that we associate because, as man was not made to live alone, neither was he made to work alone. If we desire progress, we must have co-operation. Multiplied difficulties require for their removal united efforts; and what can be more difficult than to penetrate into the mysteries of life, or neutralize those innumerable agencies through which death prevails against us? In the infancy of any science, individual exertion may avail much, for a single mind may then embrace the whole of the facts of which that science is composed. But in proportion as the facts become multiplied, and the science enlarges its boundary, so does further progress necessitate the co-operation of many intellects for the observation of new facts and their reduction to scientific principles. Science, gentlemen, in one respect resembles commerce. It can flourish only in a social state and under an interchange of produce. We may produce individually; but to accumulate wealth, we must meet and exchange our products. If this remark applies to science in general, it is peculiarly applicable to the science of Medicine, the advancement of which depends more than any other on the deduction of general laws from a multitude of phenomena observed with care and recorded with accuracy. Now, the mere observation of facts in our profession—that is to say, observation so conducted as to be useful for scientific purposes—is quite beyond the power of any single individual. Medicine, I may boldly affirm, has not only kept pace with the progress of other sciences, but has gone far beyond them, if we take into account the numerous difficult and abstruse subjects embraced within its sphere. This sphere embraces a knowledge of every agent in the natural world which affects the living body. Such knowledge in its full extent is obviously beyond any single capacity, while philosophic deductions from such a multitude of facts—many of them apparently conflicting—are as obviously beyond the power of any single mind. Besides this, the accurate observation of facts in numerous branches of natural history requires so many aids, such a diversity of natural gifts, such varied opportunities, that, to carry it on effectually, we need not only many observers, but that the phenomena be studied in different places, at different times, and under a great variety of circumstances. On the other hand, if we pass from facts to reasoning, from the material world to the world which is within us, we shall find that if it be difficult to observe and record phenomena accurately, it is still more difficult to draw from them correct and philosophical inferences. Man has ever a tendency to go astray when he attempts to soar from the field of facts to the region of philosophy; and if in the one case aid be required to increase power, it is more required in the other case to secure correctness of judgment. These few remarks are intended to illustrate the necessity, as well as the utility, of such associations as our Society, and they point to the principal matters which should occupy our attention outside the walls, and our discussions within them. We must have facts, and we must have your enlightened aid to deduce from these facts general laws for the advancement of our science. The facts when presented here become memoirs or cases, and the aid we require is scientific discussion. Such co-operation you will not fail to give, both in recording facts which are useful, and in discussions that must end in the elucidation of truth. The same zeal which has animated you, gentlemen, will continue, I feel convinced, to render our meetings numerous and our discussions profitable."

Mr. BRYANT read a paper, entitled, "Some Suggestions for an Improved Practice in Strangulated Hernia," which will be published next week.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 5TH, 1861.

DR. COPLAND, PRESIDENT.

THE minutes being read and confirmed, some new members were proposed and balloted for.

A report by Dr. Hare, on Mr. Part's case of Hypertrophied Spleen, was read by Dr. Hare, minutely detailing the appearance and structure of the part.

Dr. Williams, Dr. Wilks, Dr. Schulhoff, Dr. Davies, and Dr. Bristowe took part in an interesting conversation, from which it appeared that enlargements of the spleen were constantly occurring when no miasmatic influence had been present.

Dr. Wilks read a report by himself and Mr. Durham, on Mr. Durham's specimen of Tumour removed from the Shoulder, showing the case to be one of marked cancerous disease.

MALIGNANT ULCER OF THE LEG.

Dr. DAVIS exhibited a portion of the tibia from a man aged eighty-three years, who was wounded at Trafalgar in 1805. An ulcer appeared in the cicatrix some years ago, which defied treatment, and was extremely painful. Ultimately, protuberant granulations appeared at the surface, and the characters were otherwise suspicious; but no glandular enlargement existed. At death a deposit, apparently cancerous, was found to pervade the substance of the tibia beneath the ulcer.

Mr. THOMPSON remarked that this case resembled almost exactly a case he had exhibited at the Society two years ago, in which he amputated the leg for epithelial disease occurring in an ulcer which had been originated fifty years before.

Mr. NUNN had seen the case of Mr. Thompson, and corroborated the characters which had been related, and which he had regarded as malignant during life.

CANCER OF THE OESOPHAGUS.

Dr. DAVIS related the particulars of this case, which was chiefly remarkable for the freedom from symptoms which obtained until a recent period before death, and for the disturbance of respiration which latterly existed.

Both this and the foregoing specimen were referred for further examination to Mr. Hulke and Mr. Nunn.

CALCULOUS PYELITIS.

Dr. HARE exhibited two kidneys from a female aged fifty-seven years, who had suffered fifteen years, and was formerly a patient of Dr. Prout, who had expressed his opinion that the condition was that now found. There was dilatation of the pelvis and calices. The calculi were of lithic acid base; the patient had never passed any by the urethra.

Dr. WILLIAMS remarked that the span of life in patients affected by pyelitis was very various, often lasting many years, sometimes only a few months. The reason might be seen in the condition of the patient's health and the nature of his diathesis. Some constitutions would bear a great amount of constant and wearing irritation; others quickly sank under it, those affected with scrofulous disease especially. Pyelitis would perhaps not be often rapidly destructive to life, unless constitutional disposition to degenerative disease was manifested.

Dr. HARE thought there was something due to the situation of calculi in the kidney itself, and that the effects of the irritant body were more destructive in proportion as it affected some portions of the renal substance.

CAST OF THE MOUTH OF A CHILD, THE SUBJECT OF CONGENITAL SYPHILIS.

Mr. NUNN showed casts of teeth from a girl with strong manifestations of syphilis in other parts of the body, observing that the stunted and deformed characters there seen corroborated the views of Mr. Hutchinson respecting the syphilitic origin of such teeth, which were well known to the Society.

Mr. THOMPSON thought it was important that the conclusion should not be arrived at that defective teeth of this kind were necessarily the result of a syphilitic taint. He had carefully examined Mr. Hutchinson's cases, and was satisfied that these were syphilitic; but he had seen many others, respecting which he was equally satisfied that no taint existed. The real state of the case appeared to be that stomatitis of any kind would produce defective teeth, but that syphilis was the powerful and most common agent in producing them. Mr. Hutchinson did not say that all notched and malformed teeth were due to syphilis, but he (Mr. Thompson) thought that there was an impression abroad that such had been regarded as the case.

Dr. GRAILY HEWITT agreed in the main with what had fallen from the preceding speaker, but was satisfied that the cases he had seen of Mr. Hutchinson's (as one also of the committee for reporting on them) were of syphilitic origin.

Mr. NUNN thought that Mr. Hutchinson's subsequent paper, in the tenth volume of the Society's "Transactions," had been overlooked in the discussion. Mr. Hutchinson there distinguished the different forms of malformation observed.

Mr. HULKE thought some of the cases were syphilitic, but in many proof was wanting that these imperfectly formed teeth were due to syphilitic taint.

Mr. BARWELL had a case under his care of well-marked malformed teeth of this kind, in the origin of which he was certain there was nothing syphilitic. He believed that in any strongly-marked case of cachexia such appearances might exist, whether in connexion with rickets, scrofula, or other diseased constitutions.

Mr. THOMPSON exhibited for Mr. CADGE, of Norwich, an

ENCYSTED CALCULUS OF THE BLADDER, REMOVED BY OPERATION.

The patient was a man aged thirty-two. He was first admitted into the Norwich Hospital in March, 1859, with stone in the bladder. Mr. Crosse cut him, removing a cup-shaped stone; and at the same time a marked eminence was observed behind the neck of the bladder, having a soft surface consisting of mucous membrane. It was then supposed to be some fibrous growth. The patient made a rapid recovery, and left the hospital in three weeks. He remained perfectly well for more than a year. Symptoms of stone, however, re-appeared, and he returned to the hospital in January, 1861, when Mr. Cadge cut him by the median method. On doing so Mr. Cadge found the eminence before observed and a loose stone also. He endeavoured to remove the latter, but the forceps laid hold of the eminence, and this was accordingly first removed, rupture of the mucous membrane taking place, and a stone coming away, partially surrounded by mucous membrane, now seen in the specimen. He subsequently removed the loose stone. Notwithstanding the lesion unavoidable from the extraction of the first stone, the patient made a most rapid recovery, leaving his room for a short period within a week of the operation. The encysted specimen shows a pear-shaped calculus as large as a filbert, of which the lesser end protruded through the small orifice of the sac, and this end is now encircled by a portion of mucous membrane torn away in the operation. The other stone is about half the size of a chesnut, and both it and the stone removed at the first operation indicate by their appearance that they had fitted upon and were connected with the end of the calculus which occupied and projected from the sac.

Dr. WILKS related some cases of encysted stone. In one the encysting took place at the orifice of the ureter, where it had evidently been arrested in its descent.

Mr. COULSON was not altogether sure, from the appearance of the stone, that it had been formed in a sac. Might it not have become impacted in the lower end of the ureter? He should like to obtain a clearer view of the matter. He was not acquainted with any specimen of impacted stone close to the neck of the bladder not being prostatic in its character.

Mr. THOMPSON recognised the occurrence of impacted stones in the ureter, but considered them less frequently met with than those which were formed in the small sacculi so common in bladders as the result of obstruction. He was quite satisfied that this was not a prostatic calculus; and he had in his possession an example of calculus situated in a sac of the bladder, and close to its neck. He believed a small calculus found its way into a sacculus, and there enlarged by accretion until the sac was filled.

Mr. PARTRIDGE had seen an undoubted case of stone encysted close to the neck of the bladder which was not of prostatic character or origin.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 6TH, 1861.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

THE following gentlemen were proposed for admission as Fellows of the Society:—W. B. Owen, Esq., L.R.C.S. Edin.; J. B. Smith, Esq., M.R.C.S. Edin.; T. H. Jackson, Esq., F.R.C.S. Edin.; Robert Synnot, M.D. Edin., L.R.C.S.I.; Gilbert Love, Esq., M.R.C.S.E.; R. S. Tomlinson, Esq., M.R.C.S.E. and L.S.A.; W. Cumpstone, Esq., M.R.C.S.E. and L.S.A.; James Clark, M.D.; Edw. Jones, M.D.; Arthur Noverre, Esq., M.R.C.S.E.; H. G. Watts, Esq., M.R.C.S.E.; and Alfred Collinson, M.D.

Dr. BORHAM exhibited an apparatus by which an abdominal bandage might be tightened gradually, as occasion required. He also showed a pair of forceps for extracting the secundines, &c., in cases of abortion.

Mr. ALBERT NAPPER read a paper "On Defective Formation of Skin around the Umbilicus; Plastic Operation."

ON FIBROUS TUMOURS OF THE UTERUS TREATED BY SURGICAL MEANS.

BY L. BAKER BROWN, ESQ., F.R.C.S.,

SENIOR SURGEON TO THE LONDON SURGICAL HOME.

The author began by stating that, on Dec. 7th, 1859, he had read a short paper before this Society, "On a Case of Fibrous Tumour of the Uterus, illustrating a Surgical Operation for its Cure;" and he then promised at some future time to publish the results of his further experience with that operation—a promise he now proposed to fulfil. He did not intend to detail the operative measures resorted to, as they had already been sufficiently described in the previous paper, nor did he intend to enter into the pathology of uterine tumours, his object being to elucidate the success of a particular plan of treatment by an appeal to the results of experience. At the same time he thought fit to preface his subsequent remarks by stating that the lady, whose case was recorded in the previous paper, had continued ever since in robust health; and, to prevent any misunderstanding respecting the class of tumours for which Mr. Brown proposed a remedy, he stated that it was only of intra-uterine fibrous tumours of the non-pedunculated form, growing from the inside of the uterus by a broad base, that he intended to speak.

CASE 1.—*Intra-uterine fibrous tumour, of seven years' duration; operation; cure.*—A. E. E——, aged thirty five, unmarried, admitted into the London Surgical Home, April 14th, 1859, in a state of great prostration and anæmia, complaining of occasional sickness, pain in the epigastrium, and flooding at intervals of a fortnight, lasting for a week each time. On examination, Mr. Brown found a fibrous tumour, as big as a fist, within the uterus. On the 25th of May, her health being improved, Mr. Brown incised the os uteri, which had the effect of checking the hæmorrhage, except at the menstrual periods (which occurred every three weeks). On Oct. 27th, the patient having been for three months in the country, Mr. Brown gouged a piece out of the tumour. This second operation had the result of breaking up the growth. At every catamenial period she had increased pain, which Mr. Brown ascribed to increased determination of blood to the uterus at these times. This pain and discharge attending the dissolution of the tumour ceased in Feb. 1860; and on the 21st she was discharged cured. Mr. Brown had heard from this patient that she continues well, takes vigorous exercise, and menstruates regularly both as to time and quantity.

CASE 2.—*Intra-uterine fibro-cystic tumour; operation; relief.*—C. N——, aged thirty, married, admitted into the London Surgical Home May 19th, 1859. Mother of three children. Had suffered from excessive lochial discharge and frequent hæmorrhages since her first confinement, the latter being abated

during the time she was suckling, and recurring when she weaned her child. Two years since the birth of the last child she felt a tumour in the abdomen, which has increased in spite of much medical treatment. On admission she was quite anæmic, the abdomen enlarged, and a leucorrhœal discharge from the uterus. Under tonic treatment, &c., the latter disappeared; but she had a severe attack of hæmorrhage, continuing, in spite of styptic treatment, for nine days.

Oct. 1st.—Left the Home better in health, and menstruating regularly.

May 27th, 1860.—Re-admitted; extremely weak, and almost bloodless. During her absence from the Home had been pretty well till February, when she lost at one menstrual period three pints of blood, the hæmorrhage recurring every eight or nine days till re-admission. Tonic treatment and generous diet.

July 5th.—Mr. Brown divided the os uteri; the tumour could be felt just inside it. This operation stopped the hæmorrhage, and on the 26th Mr. Brown broke down the tumour with sharp-pointed scissors. This had the immediate effect of lessening the tumour, which was passed away in lumps, with an offensive discharge. She had symptoms of pyæmia in August, which readily succumbed to treatment.

Dec. 10th.—She left the Home, the tumour exceedingly diminished, and causing no inconvenience.

Feb. 1861.—Patient in good health, stronger daily, and able to perform her usual home duties. Menstrual discharge very moderate. Since this paper was written, Mr. Brown saw her. She had had a fresh attack of hæmorrhage, and has since been re-admitted to the Home.

CASE 3.—*Intra-uterine fibrous tumour; operation; death.*—J. M——, aged forty-six, unmarried, admitted into the London Surgical Home Nov. 1859. Has suffered from fibrous tumour twelve years. It is now the size of a six months' fœtal head, causing great uneasiness, and frequent desire to micturate. On examination, the hymen was found almost imperforate; os and cervix normal.

Nov. 19th.—Mr. Brown operated in the presence of Dr. Hall Davis and Messrs. Chas. Mann and P. H. Harper. Mr. Brown divided the os and cervix, and, finding the tumour imbedded in the left side of the uterus as low as the os internum, he cut through the capsule, gouged a piece out, and broke down its tissue. Little hæmorrhage.

20th.—Rigors occurred, pyæmia set in and progressed, pus was effused into the pleura, and the patient died on the tenth day after the operation.

Post-mortem examination showed diffused purulent infiltration. Concerning this case, Mr. Brown remarked that the fatal termination was due to having gouged the tumour at the same time that he incised the os, and in addition to having broken down the hymen. He had determined in future to divide the operation into two stages.

CASE 4.—*Intra-uterine fibrous tumour; operation; cure.*—E. B——, aged forty-one, married, no children, admitted into the London Surgical Home Feb. 18th, 1860. Had suffered for four years from hæmorrhage and consequent debility. On examination, a fibrous tumour was diagnosed.

Feb. 27th.—The os uteri incised.

May 7th.—The patient having improved in health, which had been indifferent since the last operation, the tumour was freely incised in its centre, and the vagina as usual plugged with oiled lint. There was an offensive sanguineous discharge for two or three weeks; the tumour gradually diminishing.

June 20th.—Catamenia appeared in nearly normal quantity.

July 7th.—Left the Home.

Mr. Brown had since heard from this patient. She can take exercise without pain or annoyance, and has no return of the hæmorrhage.

CASE 5.—Mrs. M——, admitted into the London Surgical Home Nov. 16th, 1860, having been sent to Mr. Brown by Messrs. Alfred Cooper and Paget, of Leicester. Is a widow; had been married eight years and a half; without children. Has lost much blood at each menstrual period during the last five years, but only discovered an enlargement of the womb two years ago. This had increased rapidly during the last few months, and she had suffered from a white, watery discharge after each period.

On examination the uterus was found completely retroverted, the os being so close to the pubes that it could not be reached. Within the uterus a fibrous tumour could be felt as large as a fœtus at the fourth month. There was also distinct fluctuation at the posterior wall of the uterus, arising from accumulation of the menstrual fluid. This showed that the tumour was situated on the anterior wall of the uterus.

Nov. 29th.—Mr. Brown operated in presence of Mr. Paget, Mr. Alfred Cooper, and many other gentlemen. Finding that the os could not be reached, he made an incision in the posterior wall of the uterus, which was very thin, letting out a quantity of fœtid sanguineous fluid. The incision was carefully carried up to the os and towards the fundus, taking care to avoid wounding the peritoneum; and the fibrous mass could now be seen and felt.

Dec. 29th.—The tumour was freely gouged, and consequently greatly diminished.

Jan. 24th, 1861.—The tumour was again gouged, as it had not disappeared rapidly enough. The tumour decreased to half its size, there being much muco-purulent discharge.

Feb. 7th.—Mr. Brown again gouged the tumour, the same results following the operation. He had no doubt the tumour would eventually under treatment disappear entirely.

CASE 6.—*Three fibrous tumours; operation; cure.*—E. P——, aged thirty-seven, unmarried. Seven years before, Mr. Brown had removed a fibrous growth from the uterus about the size of a walnut. Two years ago the patient complained of uterine pains and hæmorrhage. A year since, in consultation with Dr. Ferguson, three fibrous tumours had been diagnosed, growing from the inside of the uterus, near to and on each side of the os internum.

Jan. 15th, 1861.—Mr. Brown, assisted by Dr. Cockle and Messrs. Philip Harper and Wratislaw, cut through each of the tumours. A muco-purulent discharge ensued.

Feb. 15th.—On examination two of the three tumours had quite disappeared, and the third was only half its former size. The patient has not suffered from hæmorrhage since the operation.

Remarks.—The cases related, having been selected from the case-books of the institution with which Mr. Brown was connected, had consequently been under the observation of other practitioners during the whole course of treatment pursued. Other examples might have been adduced from his private practice, but those related showed—

1st. That this class of tumours may be destroyed by cutting into and destroying a portion of their tissue; in other words, by gouging a portion out.

2nd. That this operation could be performed successfully and safely. Out of the dozen or more cases in which this plan had been pursued, Mr. Brown had lost but one, that related in the present paper.

3rd. That the preliminary division of the os and cervix has in itself the very important advantage of nearly, or quite, arresting the uterine hæmorrhage, the most serious symptom attendant on these tumours.

Mr. Brown concluded by adding a few observations on what had been done for these tumours by Dr. Atlee and others, and stated that the principal difference between his plan and that of Dr. Atlee was, that whereas the latter gentleman makes an incision through the capsule of the tumour, with a view to its detachment, and to second this purpose, gives ergot of rye, Mr. Brown aims at the disintegration of the tumour, by cutting into its centre, and breaking it down, thus setting up a process of ulceration, but making no attempt to separate the tumour bodily from the uterine wall.

Immediately after the paper had been read, Mr. Brown showed the instruments which he had been in the habit of using in the operation described in this paper. They very much resembled an ordinary centre-bit, twisted in a spiral manner, with various cutting ends. He had experienced great difficulty in getting these instruments to hold, so as to gouge a piece quite out, and had thought something was required to hook the tumour while it was being cut. This idea had been very ably carried out by his friend and colleague, Mr. Philip Harper. This gentleman's instrument consisted of a hollow tube of steel, with cutting knives. Contained in this tube was a hook, which could be pushed through by a spring, and thus grasp the tumour, whilst the circular knives were carried through it by means of a screw. In this way a piece was actually cut out of the tumour. The instrument was graduated, so that by measuring the tumour from without, a pretty correct estimate could be formed as to how far the tumour was cut into.

An animated discussion followed, in which Dr. Hall Davis, Dr. Grailly Hewitt, Dr. Routh, Dr. Tanner, Dr. Oldham, and Dr. Richards took part.

Mr. BROWN replied to the various speakers, and dwelt upon the fact, that these operations had been performed in the Surgical Home, with the concurrence and assistance of some or

all of his seven colleagues, and particularly of that of Dr. Hall Davis, who had confirmed the truth of these cases during the discussion. Mr. Brown alluded to the fact, that the practice of the London Surgical Home was open to every member of the profession.

HARVEIAN SOCIETY.

THURSDAY, MARCH 7TH.

DR. SIEVEKING, PRESIDENT.

DIPHTHERIA.

DR. GREENHOW read a casual communication upon some cases of diphtheria, which had come under his care in a family in Hertfordshire. The importance of the closest scrutiny was urged in a diagnostic point of view, lest this disease should be mistaken for croup. Dr. Greenhow thought that cases of diphtheria were likely to occur again in the same family; indeed, such seemed to have been the case in the family referred to. Dr. Greenhow also stated that the diphtheritic membrane extends down the œsophagus into the stomach, spreading by continuity of surface. Paralysis was also stated to be frequently consequent upon diphtheria, sometimes hemiplegia, most frequently paraplegia; the first of these being accompanied with affections of the voice, sometimes lasting for many months. Chorea might also come on after this disease.

DR. CAMPS said he was not prepared to make observations on the question whether diphtheria might be mistaken for croup; but he (Dr Camps) thought that many cases were called diphtheria which were in reality croup.

Mr. LANE brought forward a case of

HERNIA OF THE TESTICLE,

in which abscess also existed. The testicle was removed, although the operation was commenced with the view of saving that organ.

Mr. BROWNING inquired if cases of this kind necessarily involved the removal of the testicle.

Mr. LANE replied that he thought not, when the disease was the result of scrofulous diathesis.

Dr. CAMPS then read his paper of the evening,

ON SOME IMPERFECTLY RECOGNISED FORMS OF DISEASE.

Four cases were cited. The first occurred in a gentleman who was a stranger to Dr. Camps, a partner in a flourishing business, who could not give his attention to the duties required of him. There was no irregular action of the heart; the complexion was sallow, but not jaundiced; the tongue coated, and the skin dry. The treatment in this case consisted of calomel and aloes, with relaxation from business, under which an improvement took place. The patient was also seen by Dr. Bright, who regarded it as one of hepatic derangement. The second case was that of a gentleman in whom the functions of the liver were imperfectly performed; his age was fifty-five. The case was attended with depression of spirits. The author was disposed to regard such cases as something more than melancholia, if not real cases of insanity.

Dr. SIEVEKING did not agree with Dr. Camps in thinking that the cases which had been referred to in his paper were other than cases of melancholia, in the treatment of which quinine, and not purgatives, would be found most beneficial.

Mr. BROWNING had seen cases similar to those referred to by Dr. Camps. He had regarded them as cases of dyspepsia, and recovery had resulted.

Mr. Sedgwick, Dr. Langmore, and other members took part in the discussion which followed.

Reviews and Notices of Books.

Course of Lectures on the Physiology and Pathology of the Central Nervous System. Delivered at the Royal College of Surgeons. By C. E. BROWN-SÉQUARD, M.D., F.R.S., &c. London: Williams and Norgate.

THE readers of THE LANCET need scarcely to be reminded that the Lectures which compose the present volume were published in this journal soon after their delivery at the College of Surgeons. For originality, profound thought, and laborious inquiry and experiment, these lectures have no superior. It is the chief merit of Dr. Brown-Séquard's productions, that the results he arrives at are drawn directly from experiment and observation, and are altogether free from fancy or hypothesis. Everything has a practical tendency, and we are guided by facts in our diagnosis and our therapeutic efforts to relieve or remove disease. It is unnecessary to do more in this place than to call attention to the work before us, as its value and importance are already sufficiently known. Every practitioner of medicine should possess the lectures of Dr. Brown-Séquard.

Practical Observations on the Diseases of the Joints involving Anchylosis, and on the Treatment for the Restoration of Motion. By BERNARD E. BRODHURST, F.R.C.S., Assistant-Surgeon to the Royal Orthopædic Hospital, &c. Third Edition. 8vo, pp. 120. London: Churchill.

PERHAPS there is no department of surgery which has more especially occupied the attention of surgeons of late years than certain diseases of the joints. At one time the surgeon was glad to obtain a cure by anchylosis in numerous instances, and when that result was brought about no further interference was deemed necessary. The labours of many zealous investigators, including the author of the present work, satisfactorily prove, however, that anchylosis, whether of the true or false kind, can be submitted to a plan of treatment, which will either permit of motion, or of the limb being placed in a better position than it was before. If a joint has undergone osseous anchylosis, it can be excised, as was first practised by Dr. Barton, of Philadelphia. On the other hand, if the uniting medium is of that consistence as to yield to the application of a reasonable amount of force judiciously applied, whether by extension or flexion, a cure may be anticipated with good motion in the joint.

The author of the work before us has devoted himself to the treatment of anchylosis with an amount of assiduity that is deserving of great praise, and this has been so well appreciated by the profession as to call for a third edition within the short space of three years. His observations upon the treatment of anchylosis are entitled to considerable weight; for they are based upon an experience of 116 cases, treated by forcible rupture of the uniting medium, and the success which he has met with shows clearly what can be done in many apparently severe cases. Of all these cases, the author states that inflammation was set up in one only as the result of treatment, and in this instance it was of a very mild character, and easily subdued.

"It would be difficult to show such a result in any class of cases whatever in surgery; and except in subcutaneous operations, such a result is unknown."—p. 114.

Amongst the 116 cases, Mr. Brodhurst treated 27 of anchylosis of the hip-joint, 21 of the knee, 10 of the elbow, 6 of the shoulder, and the remainder in other joints, such as the jaw, wrist, ankle, &c.

This amount of success has been obtained by the author mainly by following out a certain set of rules, which should not be overlooked, and to which we would particularly invite attention. We will mention one only:—

"When the muscles are so much contracted as to interfere with the rupture of adhesions, their tendons should be divided before force is applied. When, however, they are not rigidly contracted, adhesions may frequently be ruptured without section of the tendons, and the muscular contraction may subsequently be overcome by passive motion."—p. 116.

Mr. Brodhurst states that the cases which usually terminate most favourably are those where muscular rigidity can be entirely overcome by the inhalation of chloroform, and where, consequently, no question can arise as to the section of tendons.

We cordially recommend this work as a most valuable practical contribution to the department of surgery to which it belongs. The views of the author are clearly expressed on the subject of treatment.

Sore-Throat: its Nature, Varieties, and Treatment, including the Use of the Laryngoscope as an Aid to Diagnosis. By M. PROSSER JAMES, M.D., Senior Physician to the Metropolitan Dispensary, &c. pp. 155. London: Churchill.

THE author has jotted down in apparently a very hurried manner some superficial observations on the varieties of sore-throat, of which he sketches some of the most palpable symptoms. A vast deal of "fine writing" is interspersed throughout the book, and we noticed several very questionable statements, to say the least, while perusing it. Thus Dr. James tells us that sloughing of the throat "may implicate the carotid artery, and so end in sudden death, *unless it be previously tied*"! Again, in the treatment of croup, we are informed that "students are told to open the jugular veins of infants without delay." We should be glad to learn the names of the teachers whose *dictum* is here quoted.

Seeing the laryngoscope so prominently mentioned in the title, we had hoped to have found some reliable information on the diagnostic signs revealed by that instrument. Two pages and a half, however, contain all the information the author can give us on the subject—viz., that he finds an oval anal speculum useful in looking at the back of the throat, and that the "immortal Liston" suggested, the late Mr. Avery invented, and Professor Czermak completed, an instrument which Dr. James himself was on the point of bringing forth. A few trite observations on the necessity for practice with the laryngoscope, and the remark in two places that it may be useful in discovering a fish-bone in the pharynx, or a polypus in the larynx, comprehend, moreover, all that the author tells us concerning the use of the instrument.

The author speaks highly of the tincture of aconite in the treatment of almost every form of sore-throat, and gives it in very small doses; the appended cases amply illustrating, as a matter of course, the success of the treatment.

Lives of Eminent American Physicians and Surgeons of the Nineteenth Century. By SAMUEL D. GROSS, M.D. London: Trübner and Co.

AT the present time we possess no biography of English medical practitioners in any way worthy to be regarded as a national work. With the exception of the "Lives of British Physicians" and the "Gold-Headed Cane," no effort appears to have been made to popularize our profession with the public. It is creditable to Dr. Gross, so much occupied as he must be by his arduous duties as a professor of surgery, that he could find time to edit a work like the one before us. The "American Medical Biography" contains memoirs of thirty-two physicians and surgeons, from the pens of twenty-eight writers, some of them nearly related to the deceased, and most of them having the best opportunities of affording the most complete information respecting them. In a work so constituted, it was natural to expect that the memoirs should be of very different degrees of merit, and this is the case. Some are complete, full, and accurate; others appear meagre, and carelessly written. As an effort, however, on the part of the Editor to familiarize the names and lives of his professional brethren to his countrymen at large, the book of Dr. Gross is worthy of commendation.

NEW EDITIONS.

The second edition of Guy's *Principles of Forensic Medicine.* In this issue a great number of the illustrative cases and tables have been omitted, and space thus given for a number of woodcuts, which are well executed, and many of them not to be met with in any shape elsewhere. We must, however, take exception to the very small type with which this volume is printed.

Fownes' Manual of Chemistry, by Drs. Jones and Hofmann, eighth edition, brings up the science of chemistry to the requirements of the student of the present day.

Second edition of Dr. Inman's *Foundation for a New Theory of Medicine.*—Though learned and clever, Dr. Inman is conceited, pedantic, and dogmatical. There is much to interest in his book—much suggestive thought. It is to be regretted that a man who can write so well and so originally should not have more modesty and a sounder judgment.

POOR-LAW MEDICAL REFORM ASSOCIATION.

(LETTER FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—As many of the Poor-law medical officers are anxiously looking forward for some account of the proceedings of the Select Committee on the operation of the Poor-law, and particularly so far as the medical department is concerned, I must again request the favour of space in your columns for the accompanying letter, which will explain that medical evidence will not be taken at present, though, I trust, it will ultimately be received; but still I cannot disguise the fact, that the last paragraph of the note leaves it doubtful. In another letter received from the Poor-law Board by a gentleman who tendered evidence, it is stated that "if it shall appear desirable to summon you as a witness before the Poor-law Committee, you shall receive a further communication in the course of a few weeks." I regret this delay, though it may have its advantages, as it will enable my brethren to think over the evidence they wish to tender.

In the House of Commons last Friday (8th instant), "Mr. Beecroft asked the President of the Poor-law Board why the Poor-law Board did not cause to be carried out by boards of guardians their instructions to remunerate the Poor-law medical officers. Mr. Villiers said he had some difficulty in answering the question, because the hon. member assumed as a fact that which he, Mr. Villiers, did not know was the fact. The remuneration proceeded on the same principle as the payments of the other union officers, or at any rate he was not aware of any difference."

I believe the above quotation to be the correct one; but as it is differently stated in five morning papers, I cannot vouch for its accuracy. Mr. Beecroft evidently referred to the fourth resolution of the Select Committee of 1854 on Medical Relief, which says: "They also recommend that the Poor-law Board should direct their attention to the salaries of the medical officers, which, in some cases, appear to be inadequate to the duties they are required to perform."

As Mr. Villiers does not know what Mr. Beecroft says is a fact, I will here relate that there are 1174 medical officers whose salaries are so low that if they are divided by the number of patients attended they will average less than 3*s.* per patient, and yet some of these live many miles distant from the residence of the medical officer; and the average duration of their illness is over twenty-one days, and if those in the permanent list be included, and such ought to be the case, the period will be over three weeks. Of these 1174, 141 actually receive salaries so small that they average less than 1*s.* per patient, and some are as low as 3*d.*

I will not trespass further on your space but to urge on the Poor-law medical officers to continue their efforts, and lay before the Committee such a mass of evidence as will overwhelm the Poor-law Board, and compel the Government to bring in a Bill to amend the present disgraceful system of Medical Relief to the Poor.

I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, March 11th, 1861. RICHARD GRIFFIN.

Poor-law Board, Whitehall, March 5th, 1861.

SIR,—I am directed by Mr. Villiers to say, that the Poor-law Committee held its first sitting to-day.

As the inquiry to be made by the Committee is of a very extensive character, it is not expected that any evidence will be received upon the subject of Poor-law medical officers before the lapse of some considerable time; and you will receive a further communication in due course if it should be determined hereafter to require your attendance as a witness.

I am, Sir, your obedient servant,

Richard Griffin, Esq. JOHN THORNELY.

THE LANCET.

LONDON: SATURDAY, MARCH 16, 1861.

A BILL is now before the House of Commons which embodies several sanitary measures of more or less importance. The necessity of amending the Metropolis Local Management Acts has afforded the opportunity of supplying certain deficiencies which had been experienced in the sanitary powers of the Vestries and District Boards.

By Clause 78 of the Amendment Bill, Vestries may compel the owners or occupiers of houses which are without a proper supply of water to cause a proper supply to be provided; and, further, to compel the water companies to furnish the supply on certain conditions. Those only who are practically acquainted with the unexpected technical and other difficulties which often interpose between the order for and the execution of the most obviously necessary hygienic works will regard without surprise the introduction of this clause. Most people will find it difficult to conceive that there are in this metropolis hundreds, if not thousands, of houses unprovided with water, and that landlords, by passive obstinacy or by reckless defiance, resist the order of the local authorities to provide their unhappy tenants with this prime necessary of life.

By Clause 81, the Vestries are empowered to dispense the luxury of pure water still more freely. They are to be enabled to provide and maintain out of the rates Public Drinking Fountains. These most useful structures are now pretty numerous throughout the metropolis. It might be inferred that additional powers are unnecessary; but the fact is that most of the fountains now erected are the gifts of individuals or of the Drinking Fountains Association. A certain small annual cost must be encountered for the water supply and to keep the structures in repair, and practically in some Vestries difficulties have arisen as to their powers to appropriate money for this purpose. The utility of these fountains is so great and obvious, and the cost so trifling, that no obstacle to their full establishment ought to be suffered to remain.

By Clause 99, no person is to be allowed to breed, feed, or keep any swine in any place in any parish in Schedule A, which may be unfit for the purpose, or where the breeding or keeping of swine may create a nuisance or be injurious to health. This clause, we are inclined to think, is simply superfluous. Enactments already enforced fully answer the purpose designed. It is a serious error in legislation to encumber a Bill with superfluous clauses. Such a course is open to the objection of exposing a useful measure to attack. Clumsy workmanship in one particular throws suspicion upon the whole structure.

The following clause, intended to place the metropolitan cow-houses under the same sanitary regulations as those to which slaughter-houses are subject, is one of undoubted value. The hundredth clause provides that cow-houses shall be licensed from year to year on complying with certain conditions, to be certified by the Vestries, as to air, light, water, drainage, paving, the provision of proper dung-pits and receptacles for grains. The observation of the Medical Officers of Health has amply proved that the cow-houses require this sort of control quite as much as do the slaughter-houses. It appears to be conceded by this clause that the production of metropolitan milk is necessary for the community. This is a fundamental proposition concerning which it is very desirable to collect more accurate information. London milk can hardly possess those nutritive qualities which characterize country milk. The animals which produce it must live under conditions extremely unfavourable to health. We believe it is notorious that cows kept in town stalls are not long-lived. They are largely fed upon grains, mangold-wurzel, and artificial food, which can be no satisfactory substitute for the fresh grass browsed in the meadow in the free air of the country. On the other hand, it is said that the railways cannot bring up sufficient milk for the supply of the enormous population of the town; and that, especially in warm weather, the jarring motion to which the milk-cans are exposed on the rails is apt to churn the milk. Pending the solution of the question as to the possibility of supplying milk from the country, we may at any rate hail with satisfaction a measure that will at least tend to remove some of the causes which deteriorate the quality of London milk.

Other provisions in the Bill have for their object to facilitate the construction of drains and sewers, and generally to perfect the powers of the Vestries and of the Metropolitan Board of Works.

IT is scarcely necessary for us to say that we entirely agree in the verdict arrived at by the jury in the recent trial at Oxford of Mr. ROBERT DURNO MITCHELL, a retired surgeon in the Navy. This gentleman resided in a cottage near Henley with his wife and four children. A young woman, of between twenty-four and twenty-five years of age, lived with the family, as a servant of all work, from the month of April, 1860, down to the 4th of January in the present year, when she was removed to the Henley Workhouse, at which place she died five days after her removal. The charge against Mr. MITCHELL was that he had caused the death of the deceased by denying her sufficient food during the time that she was in his service. Upon the 4th of January last, Mr. BROOKS, surgeon, of Henley, was called to see Mr. MITCHELL'S servant. He found her in bed, extremely feeble and emaciated, apparently sinking from inanition. The patient, however, made no complaint, simply answering, upon being questioned, that she was not suffering from anything but "great weakness and exhaustion." She affirmed that she had plenty of warm covering on her bed; that she could have plenty to eat of everything she liked, but that she could not take it. When removed to the workhouse, she still maintained the same story—viz., that she was well treated, and got all she wanted in the way of diet; and she begged that her master and mistress, whom she called papa and mamma, would come to see her. It was further proved upon the trial by the daily governess and others, that the girl could leave the house if she liked—did indeed go occasionally into the town; that she was fond of the children, and they of her; and that when a chimney-sweep said to her that she was in "a rummy place," she replied it was a good place, and went to her mistress and complained of what the sweep had said to her. It was also proved that the girl had for a long time been in a delicate state of health, being always thin—in fact, never looking well in the former situation which she had held before going to Henley. She was subject to frequent attacks

of diarrhœa, to occasional "fits," was "in other respects irregular," and "had gatherings in her feet" and lateral curvature of the spine. The attacks of diarrhœa became more frequent, and the debility increased; she appeared half-starved. At length, becoming unable to rise from bed, she was removed at the desire of her master to the workhouse. The girl's mother had died of phthisis. Mr. BROOKS, Mr. JESTON, and Mr. BROWN conducted the post-mortem examination. Not any disease could be found to account for death; but the emaciation was extreme. "There was no fat. The intestines were thin, and "transparent in parts. The right lung was adherent to the "walls of the chest, and several of the toes were in a state of "commencing mortification, and might have gone on to that. "I attribute (said Mr. BROOKS) death to excessive emaciation, "but I cannot say what was the cause of the emaciation. The "appearances were consistent with death from starvation. I "did not see the appearance of any other cause of death." In this opinion Mr. JESTON and Mr. BROWN fully coincided. To make this evidence and the rumours which had gone about tell against the prisoner, the butcher supplying the latter was made to produce the weekly bills, which showed the consumption to vary from ten to fifteen pounds of meat per week. The baker was also appealed to, and he proved that he had taken only eight quartern loaves weekly to the cottage at Henley. The girl had been known to buy penny loaves upon her own account. The servant had beer, whilst the family had not; and had coffee for breakfast, which "was the same as father and mother had had boiled up again." There was always either ham or bacon in the house, three or four barrels of beer in the cellar; and, according to the curate of Rotherfield Grays, "the prisoner was a most amiable man, quite incapable "of what was attributed to him. He had a large and well-"cultivated kitchen-garden." In fine, all that the evidence against Mr. MITCHELL went to prove was simply that if the one baker's and one butcher's accounts represented the only quantity of bread and meat that was consumed weekly in a family of six or seven persons, the habits of the latter were certainly very frugal. But a retired naval surgeon with a family cannot be supposed to have a very lengthy purse; and it may be that if he found, from the want of appetite, or from illness or other causes, those dependent upon him made no complaint of being stinted, he would be little disposed to order in more beef and quartern loaves than he knew what to do with. But what was the cause of the death of HENRIETTA CLARK? There was evidently an entire absence of fat on the emaciated body both internally and externally; the intestines (so far as they were examined) were thin, transparent, and contracted. The girl had suffered from chronic diarrhœa, and had evidently no desire for such diet at least as was the ordinary one of the general household, whatever she might have had for such tasty and delicate things as invalids with small and capricious appetites are well known to crave. There was marked want of mental as well as bodily vigour. These facts, combined with the absence of evident disease of the more important viscera, point to chronic muco-enteritis, or to some more recondite cause of malassimilation and nutrition which the post-mortem examination was not sufficiently minute and searching to unfold.

"The witness [Mr. Brooks] said he examined only a portion of the small intestines, and there might have been some disease of the lymphatics or some ulceration of the bowels."

"Did not say [Mr. Jeston] to Mr. Brooks and Mr. Brown that he could not attribute death to starvation. Did not examine the lymphatics or the thoracic duct, through which the chyle goes into the circulation. Emaciation sometimes takes place from the chyle not being taken up from the intestines."

So far as the examination went, however, there was nothing opposed to the view that chronic disease of the alimentary canal was the chief cause of the fatal event. In a well-known work upon diseases of the abdominal viscera* it is properly laid down that

"In muco-enteritis we may find very much less change than had been anticipated. No ulceration or congestion may be observed throughout the whole canal. It is probable that the injected condition had, like the erythema of the skin, entirely passed away. Some of the most severe forms of bronchitis present scarcely any change of the bronchial tubes themselves. The congestion has disappeared, though the altered mucus remains."—p. 163.

"After death [from 'strumous disease of the alimentary canal'], we may find no apparent change in the whole tract of the mucous membrane. The liver, spleen, and lungs are normal. The mesenteric glands may be enlarged and swollen, and in some contain evidence of low-organized deposit. It might be questioned whether the disordered mucous membrane did not induce this condition of the glands; but whether so produced, or primary in its origin, there can be little doubt that it leads to the maintenance of an abnormal state of the mucous canal, and indicates strumous cachexia."—p. 174.

To our minds the more culpable part of the affair occurred after the poor girl was received into the workhouse. Upon cross-examination, the master admitted that he did not see the deceased for *eighteen* hours after she was brought in; and did not send for the medical officer for *fourteen* hours. What was done for her in the meantime was to wash and scrub her, "but not with a brush." She was put on No. 4 diet; which was explained to mean "low diet," or "fever diet." It was not until the next day that she was ordered a glass of wine daily, and meat or broth. Now, for a patient admitted into the infirmary ward for a disease entered on the books as *atrophy*, it surely might have struck the master or attendants that something beyond washing and scrubbing and fever diet might be necessary for the next eighteen hours. It is quite evident that the poor girl was unfit for domestic service, and had been so before she left Mr. SHARP, the draper, at Reading, in the early part of 1858. After returning to her father and stepmother, in Hampshire, with them she should have remained, as it was admitted by the latter that "she was very "weak in her inside, had diarrhœa, was irregular, and liable "to fits which rendered it necessary for several persons to "hold her; she had also gatherings in her feet."

The jury, without leaving the court, deliberated for a few minutes, and then returned a verdict of "Not guilty." The Judge said he acquiesced in the verdict, and did not see how they could come to any other conclusion. We repeat, that in the justice of this verdict we entirely concur.

THE organization of the Junior Medical Society of London, which was effected on Tuesday evening last, is of the greatest moment to the profession. Its objects, if properly carried out, cannot fail of affording immense benefit. There

* Pathological and Practical Observations on Diseases of the Alimentary Canal, &c. By S. O. Habershon, M.D., Assistant-Physician to Guy's Hospital, London, 1857.

is, however, another and most important aspect in which the Society must present itself to the profession. It is composed of gentlemen who must in the natural course of things be the representatives of Medicine in its political and social relations. They are the men who are destined to become Poor-law medical officers, surgeons in the Army and Navy, and in the other branches of the public service. In the event of the necessity of organizing a movement for the reform of any abuse in any of these departments, it is not difficult to foresee with what effect such a Society would operate. In fact, it is not saying too much to assert that the continuance or otherwise of a grievance would be under the immediate control of the members of such a Society. As an army depends on and is sustained by a due supply of recruits, so is the general medical service dependent for its efficiency upon the "recruits" of the profession. In any crisis which may arise the position of the members of a Society like the one just formed must exercise a material influence upon the result. We have already seen what the generous, noble-hearted medical students have achieved in regard to the assistant-surgeons of the Navy. They have done much with respect to the position of Poor-law medical officers. If they were so powerful without organization, what will they be under a system of union and combined action? We augur favourably of the movement, and heartily wish it success, not less for the sake of the profession than of the public, which is interested deeply in all that relates to the improvement of the general health and the progress of medical science.

It was natural to expect that the admission of honorary and qualified members of the profession in an undue proportion should meet with a strong opposition from the ordinary members of the Society; nor was the objection raised without reasonable grounds for its support. There can be no doubt that, unless some proper and legitimate check were placed upon the privileges of the honorary members, the juniors would feel that a restraint of a questionable character was placed upon them with respect to the enunciation of their opinions. But is the evil really of so grievous a character? We think not. The ardour of youth is best tempered and controlled by the sobriety and maturity of age. Discussion, to be beneficial, must be subjected to wholesome tests. So far from the juniors suffering any disadvantage from the admixture of a senior element, we maintain that they would be encouraged and stimulated to raise the character of their debates to a practical and useful level. Ours is essentially a practical profession. The ultimate objects of all medical study are the prevention and cure of disease; and nothing can be more advantageous to the Junior Medical Society of London than the presence and co-operation of those who would sit as a jury of friendly monitors upon its proceedings. The tendency of the youthful mind is to theorize and speculate; the duty of those more advanced in the profession is to control and guide with a generous and kindly spirit the aspirations of those who have yet to work their way in the arduous paths of a most difficult and laborious calling. Viewed in this light, and it is the only just light in which we can view it, the introduction of the honorary members must be regarded as a wise and judicious step. From great experience in the proceedings of various metropolitan Medical Societies, we advise the members of the Junior Medical Society to co-operate cordially with their senior brethren. If there be one evil greater than all others in the Medical Societies of London, it is the tendency upon the part of the junior members to run riot upon points of speculation and theory. Nothing is so difficult on the part of a president as to control this tendency; and the most efficient occupant of the chair is he who is possessed of sufficient knowledge and sagacity to keep the discussion within useful limits.

In these observations we are desirous not to be misunderstood. The Junior Medical Society consists of members who must eventually occupy important posts in the profession. It is the school of our future BAILLIES and ASTLEY COOPERS. So far from discouraging them in participating in the discussions which must ensue, we urge them upon all suitable occasions to take part in the proceedings. The facility of speaking well in public may be of great advantage to them in after-life. To cultivate so useful a faculty is their bounden duty—not necessarily that they should become "orators," but that they should be able to express themselves in such a manner as to entitle them to the respect and attention of their auditory.

AT the recent Leicester Assizes a woman, named ELIZABETH GODDARD, described as a midwife, was convicted of the wilful murder of SARAH KELLAM. The crime was committed under circumstances which ought to arrest the attention of the Legislature to the dangerous laxity which permits the most ignorant and the most worthless persons to engage in the responsible practice of medicine. The victim in this case was a married woman, who had left her husband to live with another man. By this man she became pregnant, and it is presumed that GODDARD was called in to rid her of the child. An operation was performed. The next day the woman was taken ill, and died in a few days. A post-mortem examination showed that death was the result of peritonitis, arising from inflammation of the womb, which exhibited several punctured wounds. In the house of the prisoner instruments were found which would cause such wounds. There cannot be a reasonable doubt that SARAH KELLAM, herself a guilty party, was destroyed by the injuries inflicted upon her in the attempt to procure abortion. The midwife was sentenced to death. The Judge, in pronouncing sentence, expressed a hope that the result of this trial would prevent others from pursuing the dreadful calling which the prisoner, there was reason to believe, had carried on for some years.

Every right-thinking person will join in this hope; but few men whose sphere of observation has made them acquainted with the correlations between social vice, depravity, crime, and the practice of medicine by unqualified persons, will entertain much expectation that the benevolent wish of the Judge will be realized. The odious crime of which ELIZABETH GODDARD has been convicted is not the occupation of uneducated women alone. Under the cloak of the practitioner of medicine, which the shameful connivance of our laws permits every charlatan to wear, this and other offences against society are perpetrated by the most ignorant and vilest of men. For this, and the consequent diffusion of incalculable immorality and vice, those are greatly responsible who, in a spirit of pseudo-liberality, take up the insane cry of free trade in medicine.

DR. PAGET has favoured us with the questions set at the recent examination held in the University of Cambridge for places in the Natural Sciences Tripos. We very much regret that we cannot, at least at present, find space for the publica-

tion of them. As instruments, or guides to study and instruction, these questions are exceedingly valuable, and in some compendious form they ought to be published. The examination extended over six days, each day being divided into two sittings of three hours each. One hundred and twenty-four questions were set. The subjects embraced Physics, Chemistry, Crystallography, Mineralogy, Geology, Botany, Zoology; thus requiring an acquaintance with almost the entire range of natural science. The Examiners were, Dr. PAGET, Professor HENSLOW, Professor MILLER, and Mr. LIVEING.

The working of this examination, like that of the similar one lately instituted in London, cannot fail to exercise the most beneficial influence in extending knowledge in various departments of science, upon which society is daily making more and more earnest demands for practical applications.

Medical Annotations.

"Ne quid nimis."

MEDICAL OBJECTION TO THE BANKRUPTCY BILL.

WHAT have surgeons to do with the Bankruptcy Bill? Let us hope, nothing, so far as the necessity extends for employing its commercial provisions, or coming under the influence of its pains and penalties. Nevertheless, medical privileges are strangely affected by one of the sections of the new Bill brought forward by Sir Richard Bethell; and if the medical interests of the subject are properly represented in the House of Commons that section cannot be allowed to become law. By Section 210 full power is vested in any single Justice of the Peace, lay or clerical, to determine the sanity of any debtor prisoner. This is monstrous indeed! Are Justices of the Peace endowed with sagacity so instinctive and knowledge so all-embracing as to be capable of determining a question which tries and sometimes even baffles all the acumen of a practised mind, and all the trained skill of practitioners whose years are spent in the studies best calculated to supply the power of solving the problem? Has *Dogberry* so grown in science, or is *Justice Shallow* a physician and psychologist? The decision of a single Justice has power by this clause to control the civil rights of any debtor prisoner —his power to receive, inherit, or expend property, and his right of personal freedom. We have seen Justices who did little credit to the Bench, whose dealings with debtors might make it convenient to pronounce against the sanity of any unfortunate, or who might choose to allow the plea of insanity in a friend or kinsman as a convenient and temporary means of avoiding criminal responsibility in culpable debtors. Considered from whatever face, this is an intolerable provision. It is adverse to the spirit in which all recent legislation has dealt with the insane. A magistrate, however accomplished, is entirely incompetent to decide upon his sole knowledge the question of sanity or insanity. This law proposes to dispense with medical testimony. We feel convinced that the country will not tolerate such a provision.

APOPLEXY AND NARCOTISM.

THE recent charge of participation in the crime of causing death by poison, urged against Mr. Spain, has been very summarily disposed of. It has been shown, immediately on the institution of a serious investigation, that not only was he perfectly innocent of any offence and highly to be commended for conduct of great kindness and generosity, but that the crime with which he was charged had never been committed. Not only had he not poisoned his daughter-in-law, but she had not taken poison nor died from poison. Her death occurred from apoplexy. Thus a very serious charge has been made against a perfectly innocent man; he has incurred, temporarily, the odium of a horrible suspicion, and has been subjected to the grave inconveniences of detention and public examination upon the groundless suspicion of being concerned in a crime which has never been perpetrated. The *primum mobile* was unquestionably the surgeon who was called to Mrs. Spain at the time of death, and this gentleman will rest his vindication upon the superficial resemblance between death from cerebral apoplexy and death from narcotic poisoning. He found the patient in a state of insensibility, her eyes closed, her countenance pallid, her pulse scarcely perceptible, the pupils contracted; and from these appearances "he had no doubt that she was labouring under the effects of some narcotic poison, and that her death had been produced by poison." The conclusion, however, by no means flows naturally from the facts stated. The above are all well-known symptoms of cerebral apoplexy, as well as of narcotic poisoning; and the absence of stertor is not a circumstance which need cause surprise or should properly be a source of error. The fact of the known difficulty of diagnosis between some cases of cerebral apoplexy and narcotic poisoning, if it suggests an excuse for error, commonly also ensures a degree of caution which renders error impossible. There is an obvious moral to be deduced from the misadventure of Mr. Nott. Charges so grave should not even be hinted in the absence of evidence; and only a post-mortem examination can afford evidence in such a case. Until the body is examined, opinions are mere guesses: how fallible and how dangerous, this case will strongly show. The greater or less probability of the guess has really very little to do with the question. The presence or absence of the scent of opium as a rational ground for guessing was much discussed; but it forms no justification for an affirmative or negative opinion, until the body has been duly examined. A person dying from other causes suddenly may smell of opium; and one poisoned by opium may be wholly free from its scent. Guesses should be entirely discarded where Medicine walks hand-in-hand with Law. Juridical science has only to discuss facts, and the importation of probabilities is fatal to its accuracy and destructive of its authority.

A HINT TO ARMY SURGEONS.

THE assistant surgeons of the army have spent rather a rough week lately. In the first place, it was announced that the Government intended to effect the reduction of the strength of the medical department of the home army, now peacefully employed on service which throws no great stress on the exertions of the medical officers. The contemplated change will include the reduction of one assistant-surgeon in each infantry regiment. This announcement spread alarm; for it brought visions of enforced half-pay, the dislocation of habits formed and arrangements completed, with a period of idle and encumbered poverty. The Director-General has, however, providently forestalled these panics, and has made arrangements with Lord Herbert which will preclude the necessity for placing any of the assistant-surgeons on half-pay. They will be gradually exchanged into other regiments as vacancies occur, and transferred to other home regiments. Perhaps even this arrangement will not be wholly without inconvenience; but it is free from substantial hardship, and the assistant-surgeons will be grateful to their chief for saving them from the more serious effects of the contemplated reduction.

Assistant-surgeons who have not yet passed their second examination are agitated by the reception of a circular letter, sternly reminding them of the trial which awaits them before they can be promoted to the rank of surgeon. Those who have gone through five years' service are plainly informed that if they defer the examination they may lose their chances of promotion, and that those who have not proved themselves

capable to serve as surgeons will be passed over when vacancies occur. This kind of reminder is wholesome, although unpalatable, and we exhort all assistant-surgeons of five years' standing forthwith to prepare for their day of trial, and face without delay the worst tortures that can be devised by Mr. Paget, Mr. Busk, and Dr. Parkes.

THE PRICE OF AN HOSPITAL GARDEN.

THE fate of St. Thomas's Hospital is not yet decided, but at least the Governors have won a great victory. The Charing-cross Railway Company had proposed to take a small portion of the hospital precincts for the purpose of their line, which would pass over a corner of the enclosed garden-ground close to the new north wing of the hospital, which was erected a few years since at a cost of £40,000. The hospital authorities, however, availed themselves of the 92nd section of the Building Act (1845) to compel the Company to take the whole hospital if they took the portion required, on the ground that this formed, in fact, part of the hospital. They claimed £750,000 as the amount of compensation for their interest in the hospital and its appurtenances. When the question came before the Committee of the Lords, they passed in effect the following resolutions in relation to the Bill:—

"1. That the proposed line was likely to be of great advantage to the public, and that no preferable line had been suggested. 2. That the proposed line would be productive of great injury to the hospital, especially to the north wing, which would be rendered totally unfit for patients. 3. That they would have been glad if some arrangement could have been made by the removal of the hospital to some other site free from the inconvenience of its present position near crowded streets and the termini of several important railways. 4. That as no such arrangement had been effected the Committee must leave the question of compensation to be dealt with under the provisions made by law."

The governors of St. Thomas's Hospital moved accordingly, before Vice Chancellor Sir W. P. Wood, for an injunction to compel the railway authorities to purchase the whole hospital at the rate of £750,000, if they took the proposed part of the garden-ground. The injunction was granted without hesitation. Without calling for a reply to the arguments of the defendant's counsel, the Vice-Chancellor decided that the garden, which was enclosed in one ambit with the hospital, was a part of it; that the new northern wing, included also in one boundary, was part of the ancient messuage, and would pass by a grant of it. It was attended by the same surgeons and physicians, and patients might be shifted from the centre of the building to this northern wing. He granted, therefore, an injunction in the terms prayed.

THE PHYSICIAN'S FINGER.

A VERY extraordinary case, and one sufficiently disquieting to physicians, was tried this week in the Court of Assizes at Paris. An Auvergnat named Mourges rents a house in the Rue des Beaux Arts, and occupies part of it in the business of a charcoal dealer, letting out the remainder in lodgings. Amongst his tenants were a poor couple named Brin, and he used to make them pay their rent every fortnight in advance. On the 1st of January he went to their room to claim the money for the fortnight about to commence. Brin was absent, and his wife was ill in bed. He insolently called on the poor woman to pay him the money; but her medical attendant, Dr. Guzmard, who had entered just before, pointed out to him the impropriety of tormenting a sick person, and recommended him to return when her husband should be at home. But he began abusing the doctor, and at length seized him by the collar. The doctor pushed him away with violence, and he fell. This enraged him, and jumping up he flew at the physician, caught one of his fingers between his teeth, and actually bit off the terminal portion at the first joint. In his defence the man pretended that in a struggle with the doctor the finger accidentally got into his mouth, and that by a nervous movement which he could not control he had bitten it off. The jury accepted this strange explanation, and acquitted the man; but the Court condemned him to pay the doctor 3000 francs.

JUNIOR MEDICAL SOCIETY OF LONDON.

A VERY numerous meeting of the members of the several Hospital Medical Societies in union was held in the great hall of King's College, Strand, on the 12th inst.

Dr. CONWAY EVANS, who presided, made a few remarks upon the advantages to be derived from the formation of a Students' Society, and gave a synopsis of the proceedings which had already been taken for the formation of the Society, referring particularly to the exertions of Mr. Ernest Hart, and Mr. Alexander Squire, of University College, in its behalf, with whom the idea originated.

The Hon. Secretary, Mr. HENRY WOODS, of St. George's Hospital, then read the resolutions drawn up by the Provisional Council for the consideration of the members of the Society.

The resolutions having been read were then severally put from the chair:—

1st. "That the Society be called the Junior Medical Society of London."—Carried unanimously.

2nd. "That the objects of the Society be—1. To obtain papers from its members explaining the opinions and practices in vogue at the various hospitals, and treating of all other subjects in the domains of medicine, surgery, and the allied sciences. 2. To examine and discuss pathological specimens exhibited by its members. 3. By affording facilities for the professional association of students from the various Schools, to increase their mutual acquaintance, and to encourage a feeling of sympathy and union in their general body."—Carried unanimously.

3rd. "That the Society shall consist of Ordinary and Honorary Members. That the Ordinary Members shall be such members of existing Hospital Medical Societies in union as are not actually in practice. That the Honorary Members shall be such members of existing Hospital Medical Societies in union as are actually in practice; and that those gentlemen who are on the staff of an Hospital or Medical College be *ex officio* Honorary Members.

Mr. BELINFANTE, of University College Hospital, said that he thought there was not sufficient liberality shown in this resolution, and that all students of Hospital Schools should be admitted to the Society without restriction; he therefore proposed as an amendment "That the Society shall consist of Ordinary and Honorary Members, and that Ordinary Members shall be students of any recognised Medical School of this metropolis."

Mr. BRETT, of the Westminster Hospital, seconded this amendment, and said that the only way to found the Junior Medical Society on a firm basis was by throwing open its portals to all students of Hospital Schools.

Several gentlemen having spoken in favour of and against this amendment, it was put to the vote, when it was lost by an overwhelming majority. The resolution was then put from the chair, and carried.

4th. "That only Ordinary Members be allowed to read papers or to exhibit specimens, but that Honorary Members have the privilege of taking part in the discussion."

Mr. BELINFANTE moved as an amendment "That this resolution be omitted," thinking that all members without restriction should be allowed to read papers.

Mr. BRETT, of Westminster Hospital, seconded this amendment, believing that it would be difficult to obtain papers from students, in the strict acceptation of the term; and that it would be more profitable to the Society if demonstrators and others immediately concerned in the instruction of students were allowed to read papers.

Dr. SANSOM, of King's College Hospital, supported the original resolution; giving it as his opinion that the Society should be essentially a Students' Society; and that if senior men were allowed to contribute papers it would deter many students from doing so.

Mr. KING, of the London Hospital, thought that house-surgeons should be considered as students, and allowed to read papers.

Mr. CARTER, of Charing-cross Hospital, said that in his own Medical Society the senior men were at first allowed to read papers, but that afterwards it was restricted to the students; and that the Society had been in a much more flourishing state since that period.

Mr. ANSTEY, of St. George's Hospital, Mr. WOOD, of the London Hospital, and others, took part in the discussion upon this amendment.

The amendment was then put from the chair, when it was lost by an overwhelming majority.

The resolution was then put to the vote, and carried.

5th. "That students of hospitals where there is no medical society be admitted to the Society by ballot, having been proposed and seconded by two ordinary members of the Society at the previous meeting, on payment of an entrance fee of —."

Mr. BELINFANTE proposed, as an amendment, that all students of hospitals should be admitted by ballot, saying that he believed there were many gentlemen who, though they did not belong to their own Hospital Medical Societies, would yet be willing to join the Junior Medical Society of London.

The CHAIRMAN declared this amendment to be inadmissible from Rule 3, already passed.

The resolution was then unanimously carried.

6th. "That, as far as possible, the papers be read by members of the several Hospital Medical Societies in union by rotation."—Carried unanimously.

7th. "That the Council shall consist of two delegates chosen annually by each Hospital Medical Society in union, such delegates being ordinary members of the Society."—Carried unanimously.

8th. "That the Council of the Junior Medical Society do manage the business of the Society, and be empowered to make such bye-laws as may be thought necessary, subject to the approval of the members of the Society at the next general meeting."—Carried unanimously.

9th. "That the officers of the Society shall consist of a President, Vice-Presidents, a Treasurer, two Honorary Secretaries, and Council."—Carried unanimously.

10th. "That the President be elected annually by the delegates from amongst their own number, and act as chairman of Council, and preside at the general meetings of the Society."

Mr. ANSTEY, of St. George's Hospital, proposed the following amendment, seconded by Mr. BRETT, of the Westminster Hospital:—"That the President be elected, not especially from amongst the delegates, but that each ordinary member be qualified to be a candidate for the chair."—This amendment was lost.

Mr. BARTON proposed as an amendment, seconded by Mr. BELINFANTE,—"That the President be chosen by the delegates by vote at a general meeting of all the ordinary members of the Society."

Mr. BAKER BROWN spoke in favour of the resolution, believing that it would be better for the delegates to elect the President from amongst their own number, as in the event of the President being elected by the members from their body the hospital which could produce the greatest number of students would be enabled to return the President, which would be unfair towards the other hospitals.

Mr. MURRAY, of St. George's Hospital, spoke in favour of the resolution.

Mr. ALEXANDER SQUIRE explained that this resolution had been passed by the Provisional Council under the belief that it would be impossible for the members at large to know whether a member proposed as a candidate was a fit person for that office, and that as the delegates were picked men from the several hospitals, and had frequent opportunities of meeting one another, they would be enabled to judge which of their number was most fitted for the presidential chair.

The amendment having been rejected, the resolution was then put to the vote, and carried.

11th. "That the Vice-Presidents shall consist of one member chosen annually by each Hospital Medical Society in union."—Carried unanimously.

12th. "That the chair be taken at ordinary meetings by the Vice-President chosen by the Hospital Medical Society which supplies the paper, or, in his absence, by the President of the Junior Medical Society of London."—Carried unanimously.

13th. "That the Treasurer be elected annually by the delegates from amongst their own number."

14th. "That the Secretaries be elected annually by the delegates from amongst their own number."

15th. "That the meetings of the Society shall be held not oftener than once a month."

Mr. BELINFANTE proposed as an amendment that the words "not oftener than" be omitted.

This amendment not being seconded, the resolution was put from the chair, and carried unanimously.

16th. "That the meetings of the Society be held at some central place if possible."—Carried unanimously.

17th. "That only members of this Society be present at the general meetings of the Society, and that they be admitted by printed tickets, to be issued by the secretaries of the several Medical Societies in union."

Mr. MASON, of Middlesex Hospital, proposed as an amendment, seconded by Mr. LANE, of Guy's Hospital, "That after the words 'Medical Societies in union,' there be added—'but that honorary members shall not be allowed to vote on questions affecting the general working of the Society.'"

This amendment was carried unanimously.

The amendment was then put as a substantive resolution, and unanimously carried.

18th. "That each member be allowed the privilege of introducing a visitor to the ordinary meetings of the Society, but that the same visitor be not allowed to attend more than two meetings of the Society in the same session."—Carried unanimously.

19th. "That the expenses of the Society be defrayed by a contingent furnished by the several Medical Societies in union *pro ratâ*; and that the rate be levied according to the number of new members admitted during the preceding year."—Carried unanimously.

Resolution proposed by Mr. MASON, seconded by Mr. SKEY, of Charing-cross Hospital:—

20th. "That no alterations in the rules of the Society shall be made without notice of such alteration having been given a month previously at a meeting of the Society, and the votes of two-thirds of the ordinary members present at a general meeting called by the Council for that purpose being recorded in favour of the alteration."

Mr. WINTERBOTTAM proposed as an amendment, seconded by Mr. HICKMAN, "That any suggestion now made for any additional regulations be referred to the Council for consideration, and by them presented at a general meeting of members for confirmation."—This amendment was negatived.

The resolution was then put to the vote, and carried.

Mr. CHURCHILL, of Guy's Hospital, hon. treasurer *pro tem.*, then presented a statement of accounts, showing that £3 12*s.* 6*d.* had been subscribed at the preliminary meeting, and that £4 10*s.* had been expended; leaving a deficit of 17*s.* 6*d.*

Mr. MALDEN, of King's College Hospital, proposed, and Mr. BASTIAN, of University College Hospital, seconded, "That the thanks of the meeting to the Provisional Council, for the care and trouble with which they have drawn up the resolutions and transacted the preliminary business of the Society, be recorded in the minutes."—Carried unanimously.

Dr. Conway Evans having vacated the chair, a vote of thanks for his kindness in presiding was carried with acclamation.

Correspondence.

"Audi alteram partem."

THE ALEXANDER MEMORIAL.

To the Editor of THE LANCET.

SIR,—Observing in your issue of the 9th inst. a notice, under the head of "Medical Annotations," in reference to the meeting held at Prestonpans, with a view to the erection of a monument to the memory of Mr. Alexander, and a suggestion that the medical officers of the army, who have so largely benefited by Mr. Alexander's exertions, should testify to the merits and deserts of the late Director-General, I beg to say that the same has been for some time in progress, and that already a very large sum of money has been subscribed for this purpose.

The means selected for the perpetuation of Mr. Alexander's memory are, the placing of his bust in marble in the New Military Hospital at Netley, and the instituting of a Gold "Alexander Medal" for the Army, similar to the Sir Gilbert Blane Medal of the Navy.

I enclose to you the last printed list of subscribers. Since that issue a very large number of additional names have come in from abroad, and by every foreign post fresh ones are

arriving. Indeed, there are very few of the medical officers of the army who have not either subscribed or intimated to me their intention of so doing.

No man in the position of Director-General of the Army Medical Department can give universal satisfaction, but of this I am certain, that none ever more honestly discharged its duties, none ever struggled more for its advancement, and none ever deserved better from his fellows (as a body) than the late Thomas Alexander.

I am, Sir, your obedient servant,

JOLLIFFE TUFNELL,
Hon. Secretary to the Alexander Memorial Fund.

Dublin, March 11th, 1861.

THE LATE DR. MATTHEW BAILLIE.

To the Editor of THE LANCET.

SIR,—The warmth displayed in the concluding paragraph of Dr. Latham's letter does not do dishonour to his heart, though in the opinion of friends jealous for his reputation it may seem indiscreet. For myself, I like a man who hotly defends the character of a dead friend.

The Doctor has at last hit my bad blunder, which I had discovered myself when it was only just too late to alter it. As soon almost as the book was published, an eminent physician, with characteristic temper and courtesy (although he was a personal friend of Matthew Baillie), wrote to me, lamenting the mistake, and hoping that no ill-natured dyspeptic critic would detect it, and make it the ground for attacking the general accuracy of the work. This kindly letter only told me what I already knew too well. Week by week I watched the reviews as they appeared, fearful lest my trip should have been discovered. One by one the important organs delivered a favourable judgment. One or two obscure journals hinted that I was a fool. But, friendly or adverse, the critics missed my blunder. I chuckled as I thought how much my "kind friends" would have given to know, as well as I did, the right point to strike at. At last Dr. Latham has hit the blot, but fortunately when his blow can do no serious harm. A heavy edition of my "Book about Doctors" has been exhausted. A second edition is already in preparation, for which I weeks since scratched out the story about Baillie, corrected the few other errors which, after a careful revision, I have been able to detect in the original work, and sent my publishers a bulk of new matter.

Let me, Sir, assure you that though I undertook merely to write an anecdotal work about the celebrities of your noble profession, I was systematically conscientious in my endeavours to verify statements advanced as matters of fact. Numerous are the good sayings in my pages that have been stripped of the vulgarities of the jestmongers, and restored to their originators. How did I come to make the mistake? Dr. Latham would imply that I fabricated the anecdote for the sake of the jest. My authority for the playful story, about which the learned doctor has raised such a droll storm of indignation, is a grave and most successful member of the medical profession. Dr. Forbes Winslow has told the story in his "Physic and Physicians"—a work to which I have publicly stated my obligations. Taking the anecdote from so distinguished a writer, I did not verify it—as I have now verified every story in my book—by collateral authorities. I did not profess to write Dr. Baillie's life, which I briefly described as one of "honourable action." I certainly thought that he died ten years before 1823, and was between eighty and ninety years old when he died. In consequence of this erroneous impression, I did not detect an anachronism in the story told by a distinguished living physician of a distinguished dead one. I do not, however, wish to make the author of "Physic and Physicians" responsible for the mistake in my work: the blunder, in all its magnitude, I would have put to my account. Great as it is, it is a small one compared with that made by Dr. Latham, who says, "Between Sir Hans Sloane and Matthew Baillie there intervened just *one hundred years*." Sir Hans Sloane died in 1753, and Dr. Baillie was born in 1761. Dr. Latham, therefore, who is so severe on literary accuracy, has put down *one hundred years* where he ought to have put *eight*. If the Doctor had said, "between the *birth-days* of Sir Hans Sloane and Matthew Baillie there intervened just one hundred years," he would have been not very far off the truth.

Surely, Sir, after this explanation, Dr. Latham must feel that his lava-flood of sentiment about "honour, decency, and truth," was a little out of place.

To part, however, with the Doctor on good terms—I can inform him of a fact about his dead friend of which he appears to be ignorant. I have ascertained that there is *no* record at the College of Physicians of Matthew Baillie having been ever plucked. The story therefore, which has been long current, I may congratulate myself on being the means of proving false—in *substance* as well as *detail*.

I am, Sir, yours truly,

Rolls Chambers, Chancery-lane, March 12th, 1861. JOHN CORDY JEAFFRESON.

*** Perhaps it would have been as well if Mr. Jeaffreson, who quietly allowed an anecdote, injurious both to the memory of an honoured man and to the College of Physicians, to circulate whilst his book was selling, had himself made known the error. We do not think the warmth of Dr. Latham at all excessive or misdirected.—ED. L.

A NEW OPERATION FOR THE RELIEF OF HERNIA.

To the Editor of THE LANCET.

SIR,—I venture to suggest the following operation for the relief of strangulated hernia, which is new as far as I know. I conceive it to be most useful in the case of small and recent protrusions, where there is little chance of adhesions having been formed.

Every surgeon must have experienced the difficulty of reducing such herniæ by the taxis, and must also be aware of the exceeding ease with which a force acting from within, such as the peristaltic action of the bowels, effects their return. Many years ago I had occasion to perform the post-mortem examination of the body of a female, who died from an unreduced femoral hernia of this character, and was astonished to find that the slightest touch of the finger caused the protruded bowel to slip into its place before I had an opportunity of demonstrating it to the bystanders.

The operation I propose is this:—An incision is to be made in a vertical direction, about an inch or an inch and a half above the neck of the sac, dividing the skin of the abdomen, and gradually diminishing in extent till the peritoneum is reached. The peritoneum is then to be opened to the extent of admitting a blunt hook, or, what is perhaps better, a fine curved pair of forceps, with which the neck of the protruded intestine is to be grasped, and gently drawn upwards, whilst the taxis is applied from the outside to assist. The wound is then to be closed with a harelip pin or a wire suture.

Should this proceeding fail from any cause to effect reduction, it is open to the surgeon either to enlarge the wound, so as to admit the finger and to divide the stricture from the inside, or to perform the usual operation.

The advantages of this operation are the small extent of the incision into the peritoneal cavity, and that in a sound place; and the avoidance of the exposure of the protruded bowel to the fingering required in the usual method. In fact, the danger would not be greater than the operation of paracentesis.

During the last twelve months I have explained this proceeding to very many of the surgeons in town, and am happy to say that it has met with much approbation.

I am, Sir, yours respectfully,

Edinburgh, March, 1861. JOHN NIVEN, M.D.

SULPHATE OF ZINC IN CANCER.

To the Editor of THE LANCET.

SIR,—The following communication may or may not prove well worthy of attention. It is strictly true, but it stands an unsupported fact. I offer it with some confidence for insertion in your valuable periodical, submitting it at the same time to the profession generally for their critical consideration.

In the year 1857 a lady consulted me on account of a tumour in the right breast; it had there existed more than four years, and was evidently cancerous; her sufferings were not trifling, and her general health was somewhat impaired. In the course of a short time high authority was appealed to, which confirmed my belief in the character of the disease, and a plan of treatment was recommended. In the space of two or three months her sufferings were somewhat increased, the tumour was enlarged, and her general condition altered for the worse, for there existed evident marks of decreased vitality. I determined to try the sulphate of zinc, a tonic whose powers I am persuaded are both safely available and very valuable. In the course of a month all pain had ceased, and her general condition was very much improved. In compliance with this

lady's request I returned to the former mode of management. Scarcely a month elapsed before her sufferings returned, and her loss of strength was considerable. I persuaded her to return to the use of the zinc, and the same happy result followed. This alternation of suffering and relief from discontinuing and resuming the use of the zinc occurred three times. That medicine has now been continued for many months without interruption, and the iodide of potassium has for a long time been also administered. This lady continues to the present hour free from pain, her general health being very good, and the tumour having decreased in size at least two-thirds. Six weeks ago, a portion of the skin about the size of a shilling, of a deep red colour, took to bleeding, afterwards discharging a watery fluid; this has now perfectly healed.

I have, I fear, been tedious; but of this I am certain, that the absence of pain in such a condition, the improvement of health under such circumstances, and the great decrease in the size of the tumour, are, whatever may be the result of the case, facts, as I said before, well worthy the consideration of the thoughtful.

Believe me to remain, Sir, your obedient servant,

Hornton Villas, Kensington, March, 1861. HENRY GEORGE, M.R.C.S.

EXCLUSION OF EAST INDIANS FROM HER MAJESTY'S MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—When, on Friday night last, in the House of Commons, the Secretary of State for India said "that East Indians had no right to enter the medical service of the Queen," his language was entirely at variance with that principle of impartiality so prominently announced in her Majesty's most gracious Proclamation of 1858 to the natives of India: "And it is our further will that, so far as may be, our subjects, of whatever race or creed, be freely and impartially admitted to office in our service, the duties of which they may be qualified by their education, ability, and integrity, duly to discharge."

Trusting that you will strongly take up the cause of Dr. Thompson, and all other gentlemen who are situated as he is,

I am, Sir, your very obedient servant,

March 13th, 1861. A NATIVE OF INDIA.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THERE exists in Paris, and I may say in France generally, a branch of education which plays an important part in the sanitary discipline of the young, and which I regret to see so much neglected at the present time in England. I allude to the systematic courses of gymnastic training which in French schools are considered as fully indispensable to the welfare of the pupil as is with us the safe passage over the "Pons asinorum," or the initiation into the mysteries of the "Propria quæ maribus." During a residence of eleven years in this country, I have been repeatedly struck by the contrast apparent in the carriage and bearing of English children as compared with that of the French natives of a similar age. The former, more favourably and more generously endowed by Nature, possessing firmer and fuller muscles, bigger bones, ruddier complexions than the latter, and evincing generally a superiority of physical constitution, on emerging from the chubby rotundity of childhood, and entering that awkward age which precedes puberty, exhibit an ungainliness of figure, and inelegance of gait and movement, from which the French lads, their contemporaries, are for the most part exempt. This immunity on the part of the latter, I attribute wholly and entirely to the gradual and methodical culture of the locomotive apparatus, which is here refined into a veritable science. From an early age the muscles of the French child are systematically exercised in a way to promote the harmonious development and action of the entire frame. In England the training of the child's body is left, in the case of boys, to Nature and to the sports of the playground; in that of girls, to the back-board, inclined plane, and the dancing-master. In France the case is very different; there is a class of gymnastics, just as well as of Latin or of history, and the children of both sexes, and of almost every rank of life, are daily drilled through the exercises of the dumb-bell, the club, the trapèze, the rope-ladder, fire-escape, and so on, as seriously and regularly as if their ultimate destination were to be the spring-board of Franconi, or the saw-dust of the Cirque Impérial. In the quarter in which I live, that of the Champs Elysées, there exist a half-dozen or more of colossal glass houses, whose internal arrangement is curious to behold. From a roof, about sixty feet above the deeply saw-dusted floor, hang an intricate combination of ladders, ropes, swings, and poles of every form, size, and description. Dumb-bells, varying in proportion from a quarter of a pound to a hundred-weight, are seen neatly disposed in one corner. Bars and clubs, ranging from pigmy to giant size, occupy another. Hurdles to be jumped, impossible-looking walls to be scaled, see-saws, the very look of which makes one giddy, all form part of the gymnastic property, and all have their use and special place in the graduated series of muscular training. If it happen to be class-time, some scores of little beings, three feet nothing high, are climbing like monkeys up the ropes, racing after one another along the horizontal ladders aloft, coming down *pêle-mêle*, goodness knows how! head foremost along a pole, without being smashed, or otherwise rendered uncomfortable. A bell suddenly rings, or a drum beats; a "professor," clad like an acrobat, advances; a host of small creatures, also equipped like the sons of Professor Risley, apparently hitherto in the clouds, descend like hail-stones into the saw-dust, form in line, dumb-bell in hand, go through their exercise, then run to the clubs, throwing away the first; and so on till the bell rings again, when the little beings disappear into boxes, are rubbed down with wet towels, and return, in ordinary civic garb, some to scud home to dinner, others to get into the carriage of Madame la Marquise, their mamma, who each afternoon comes to fetch away her boys after the "cours," for a turn in the Bois de Boulogne; and so on daily. Perfect grace in movement depends less upon the extent of development acquired by the primary contracting muscle than on the intelligent accompaniment and moderating action of its antagonist. The co-ordination of movement is a faculty no doubt as susceptible of cultivation as is any other bodily endowment, and exactitude of muscular harmony, when not specially granted by Nature, can only be attained by those exercises which promote the equal and simultaneous development of the two sets of muscles, whose mutual counterpoise is the secret of elegance.

The event of greatest interest at the last meeting of the Academy of Medicine consisted in the election of M. Claude Bernard. The absence of this distinguished French physiologist from the ranks of a body which is supposed to contain all the medical talent of the country, had often excited wonder amongst the uninitiated. M. Claude Bernard could not, however, be called to a seat in the Academy, until a vacancy had occurred in the only section in which he could be named, and until the death of M. Dumeril, six months ago, no such vacancy existed. Four other candidates also appeared in the field, M. Sappey, the author of a most valuable treatise on anatomy; MM. Béclard, Verneuil, and Béraud. Out of seventy-nine votes declared, seventy-two were in favour of M. Claude Bernard.

After the election, the discussion, hitherto supposed to have died a natural death, on apoplectiform cerebral congestion, was revived by MM. Devergie and Tardieu, who, as representing the special branch of medical jurisprudence, had been, in the commencement of the debate, challenged by M. Trousseau to produce their contingent of experience, and were, apparently, unwilling at the last moment to allow the subject to drop without having a fling at the talented Professor of the Hôtel Dieu. M. Devergie, who contrived to say very little in a great many words, and at the expense of much time, expressed the opinion, that M. Trousseau was wrong in stating that the epileptic congestion ever could be the immediate cause of the commission of violent criminal acts, as it was well ascertained that the uncontrollable tendencies which were sometimes observed in confirmed epileptic cases occurred during the intervals of the convulsive attacks, and not at the moment of their production. He also said that he esteemed it a fortunate occurrence for the welfare of science and humanity, that M. Bouillaud had interfered in the nick of time to prevent the impression going forth to the world, that the French Academy had discountenanced the employment of the lancet in the treatment of cerebral congestion, because all such cases were now shown to be of an epileptic nature.

M. Tardieu: M. Trousseau alluded, in his discourse, to two special characteristics of masked epilepsy (*epilepsie larvée*), one being the apoplectiform attack, the other an irresistible impulse or determination. It is very important to know that the epileptic shock, or *ictus*, which, for the most part, affects all the senses, may, in certain cases, influence the will alone. I do not admit for a moment that instinctive criminal impulses,

with an irresistible tendency to homicide, are always epileptic. The admission of such a theory, in an absolute and general sense, would be incalculably pernicious. Neither, however, do I attempt to deny that such a maniacal condition does frequently follow repeated attacks of epilepsy. It is well proved by authentic cases that this result does occur, and that sudden involuntary and irresistible impulses do occasionally lead epileptic subjects to the commission of homicidal and other rash acts. I may mention as illustration of this point, a case cited by M. Lasègue: "A few years ago, a young man, in crossing the Pont Neuf, suddenly pulled a knife from his pocket, and plunged it into the belly of a person passing by, whom he had *never* seen before. The culprit was ascertained to be an epileptic." Another example is found in the history of a cabinet-maker, of the Faubourg St. Antoine, an epileptic also, who, under a similar and equally ungovernable impulse, started from home, walked sixty leagues, and came back, without any object other than that of satisfying an irresistible inclination. Such instances might be multiplied *ad infinitum*. How many idiots and people of weak mind have been guilty of similar unpremeditated acts of crime or absurdity! Drunkards, during the intervals of their debauch, hysterical women, and females in the puerperal state, are seen not unfrequently to commit acts under impulses quite independent of their will. The longings peculiar to the state of gestation and lactation are well known and come under this category. M. Trousseau advanced a serious question when he said, "Is an epileptic, who commits a crime, to be held responsible for his action?" This question cannot be answered in either way absolutely, and we should be very careful in such cases how we compromise medicine in the eye of the law, and, whilst attempting to rescue the innocent man from the scaffold, should be careful not to screen the guilty from the avenging power of justice. It is certain that epileptics can, in certain cases, be considered as responsible for their actions. But the question becomes far more difficult in the case of suicide than in that of murder, because much may be learnt from an examination of the deportment of the culprit subsequent to the commission of the act—a testimony not obtainable in the case of the suicide. Again, is a will to be set aside simply because the testator was an epileptic? With such difficulties before us, it is evident that no absolute rule can be laid down; but that the condition of the person inculpated at the moment of the crime must be taken into account. Article 64 of the Code Pénal says, "No crime nor delinquency is held to exist when the person accused was in a state of mental derangement at the moment of its commission, or constrained thereto by a force which he could not resist," and we are consequently bound carefully to study the mental state of the culprit, in order to ascertain how far he may be affected by the terms of the above clause. M. Devergie has instanced the case of melancholic homicides; but I do not think the parallel admissible. Such persons obey the impulse of a delirium, or act under the promptings of an hallucination, and cannot be ranged in line with the epileptic, in whom neither condition of mental aberration exists. In epilepsy the incitement to crime is independent of delirium or hallucination, and essentially depends on a sudden and irresistible *ictus* or shock. When you go before a tribunal armed with such elements of diagnosis, you will not risk the charge of being inclined to see madness everywhere.

Paris, March 12th, 1861.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 8th inst.:—

Chapman, John, Albion-street, Hyde-park; M.D. St. Andrews, 1857.
Davis, Frederick Vaughan, Cheltenham.
De Leon, John, Jamaica, West Indies.
Hill, T. Harvey, Sussex-terrace, Hyde-park-gardens; L.S.A., 1838.
Hollis, William Pottinger, Barton-crescent.
Roberts, Francis Onesiphorus, Gloucester-terrace, Hyde-park.
Rowland, John, Newton-heath, Manchester.
Swiles, William, Bedford; M.D. Edin., 1838.
Wynter, Hugh Bald, Kensington.

NEW FELLOWS.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such at a meeting of the Council on the 13th inst.:—

Ackerley, Richard Yates, Liverpool; diploma of Membership dated May 18, 1832.
Arnold, James, Liverpool; May 5, 1841.
Bowen, Robert, Rifle Brigade; May 11, 1849.
Cape, Henry, H.M.'s Indian Army; May 1, 1840.
Harrison, James, Bengal Medical Service; Jan. 7, 1842.
Rudall, Robert, Sheepwash; Jan. 13, 1843.
Smythe, Lewis, Lewes; Aug. 19, 1839.
Taylor, Thomas, Birmingham; April 6, 1821.
Webb, Allan, Calcutta; July 19, 1833.
Wood, Samuel, Shrewsbury; July 14, 1837.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, March 7th, 1861.

Fenn, Edwin, Ardleigh, Essex.
Watson, Forbes, Nottingham.

The following gentlemen also on the same day passed their first examination:—

Bright, James Albert, Cambridge-square, W.
Evans, Thomas Griffith, University College.
Gabb, Frederick Edward, St. Bartholomew's Hospital.
Jenkyns, Charles, 49, Frederick-street, Gray's-inn-road.
Nelson, Samuel, St. Bartholomew's Hospital.

As an Assistant—

Ambrosse, John David Long, Blisworth, Northamptonshire.

LONDON FEVER HOSPITAL.—Dr. Tweedie has resigned the Physiciancy, and has been appointed Consulting-Physician. Dr. Jenner has resigned the Assistant-Physiciancy. It is understood that Dr. Murchison, the Assistant-Physician, will succeed Dr. Tweedie. These arrangements leave two Assistant-Physicians to be elected by the governors. The step taken by Dr. Jenner, his relation to the Queen being regarded, was eminently desirable.

ST. BARTHOLOMEW'S HOSPITAL.—Mr. Lloyd has resigned his appointment as surgeon to this hospital. Mr. Wormald succeeds him. Mr. Savory will be the new assistant-surgeon.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Dr. Babington, the new President, stated, in his inaugural address, that he recollected the first meeting of the Society. Dr. Saunders, the first President, was his godfather. He was personally acquainted with fifteen of the twenty members of the first Council. He might have added, that his father was President of the Society forty years ago.

CHEMICAL SOCIETY, MARCH 7TH, DR. HOFMANN, FOR. SEC., IN THE CHAIR.—Mr. J. J. Coleman was elected a Fellow. Prof. Field read a paper "On some new Minerals from Chili." Dr. Hofmann gave an account of some further researches by Mr. Greiss, on Nitrogen Substitutions.

APPOINTMENTS.—Dr. Cameron, Physician to the Southern Hospital, has been appointed to the Chair of Medicine in the Liverpool Royal Infirmary School of Medicine, in the place of Dr. Inman, who has resigned.

Dr. Topham has been appointed Consulting Physician to the South Staffordshire General Hospital, Wolverhampton.

Dr. Head has been elected Physician to the Carlisle Dispensary.

Mr. Charles Saunders, M.R.C.S. and L.S.A., of Foulsham, Norfolk, has been elected Medical Officer of the 3rd District of the Aylsham Union, which became vacant by the death of Mr. Christopher A. Girling.

Mr. E. L. Jacob, B.A., M.R.C.S., has been appointed Honorary Surgeon to the Birkenhead Hospital and Dispensary.

ARMY INTELLIGENCE.—Surgeon-Major Edw. Mockler, retired upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals under the Royal Warrant of Oct. 1st, 1858.—Assistant-Surgeon Thomas Knox Birnie, from 1st Foot, to be Staff-Surgeon.—*London Gazette*, March 12th.

NAVAL APPOINTMENTS.—The following appointments were made on the 11th inst. at the Admiralty:—As Assistant-surgeons: John M. Dronson, to the *Conqueror*; Arthur M'Kenna, to the *Hogue*; Benj. Browning, to the *Cockatrice*; James Wyse, to the *Victory*, for Haslar Hospital.—As Acting Assistant-surgeons: James Middleton, M.D., to the *Conqueror*; Robert H. G. Gilbert, to the *Calypso*; Jeremiah Donovan, to the *Icarus*: James Parker, to the *Procris*; Josiah F. Kynsey, to the *Weser*.

HER MAJESTY'S INDIAN ARMY.—The Queen has appointed J. B. Gibson, M.D., Director-General of the Medical Department of the Army, to be one of her Commissioners to inquire as to the measures expedient to be taken for improving the health of all ranks of her Majesty's Army in India.

CHOLERA IN PERSIA.—Letters from Teheran to the middle of January state that this epidemic is making frightful ravages in that capital.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.—Scarlet fever having broken out at this establishment, Dr. Aldis, Medical Officer of Health for St. George's, Hanover-square, accompanied the Visiting Committee, by request, on a sanitary inspection on Tuesday last. The disease is of a mild character, and, under the care of Mr. Stilwell and the judicious arrangement of the managers, no fatal case has occurred. But as the present school-room is quite inadequate for the requirements of the scholars, it is hoped that another, of larger cubic capacity and better ventilated, will be erected as soon as the funds will permit.

MEDICO-CHIRURGICAL SOCIETY OF GLASGOW.—At a meeting of this Society, held in the Faculty Hall on Tuesday last, the following gentlemen were elected office-bearers for the ensuing session, viz.:—*President:* Professor Pagan.—*Vice-Presidents:* Dr. Thomas Watson, and Dr. Paxton (Kilmarnock).—*Council:* Mr. John Reid, Dr. Tannahill, Dr. Howatt, Dr. R. Paterson, Dr. W. B. M'Kinlay (Paisley), Dr. G. H. B. Macleod.—*Secretaries:* Dr. Lyon and Dr. J. G. Wilson.—*Treasurer:* Dr. John Coats.

STONE OF THE PALACE OF WESTMINSTER: SCIENTIFIC COMMISSION.—We are informed that the Chief Commissioner has resolved to appoint a committee of scientific men to consider the best means of preserving the stone of the Palace of Westminster, and that the following gentlemen have accepted this important duty:—*Architects:* William Tite, M.P.; Digby Wyatt; E. G. Scott; Sydney Smirke; and Edward Barry.—*Geologists:* Sir Robert Murchison, Prof. Ansted, Prof. Tennant, and C. H. Smith.—*Chemists:* Prof. Hofmann, Dr. Frankland (St. Bartholomew's), and F. A. Abel (Woolwich). This is the adoption of the suggestion of the Institution of British Architects at the termination of their discussion on this subject.

POISONED RIVERS.—Three rivers at Aberyswith have, during the last few years, been wholly poisoned by some lead mines draining into these streams. Cows, horses, and pigs are poisoned by eating the grass on the banks of these rivers, which flood the surrounding land. What is poisonous here to animals would be so also to man. And this is a subject which may be elsewhere worth the attention of medical officers. The metallic contamination of rivers is a subject which has not been very carefully studied.

THE SCIENTIFIC CONGRESS OF FRANCE is this year to meet at Bordeaux. The date fixed is the 16th of April.

CONVALESCENTS IN FRANCE.—An asylum for young female convalescents has been recently established by the help of the Emperor and Empress of the French in the valley of the Maine. Four hundred and fifty girls have already been admitted. Two similar establishments are in active working order at Vincennes and Vesmet.

OLIVER GOLDSMITH AGAIN.—"La France Médicale" quietly persists in modernizing the author of the "Vicar of Wakefield," and says, in the number published on the 9th inst., that "Dr. Goldsmith, whose death we announced last week, had studied in London and Edinburgh, and had graduated at Padua." A few particulars are added touching the little success which Goldsmith had in our profession, and how he was driven to become an author. The mistake into which our contemporary has fallen arises from a short article in the *Gazette Médicale de Lyon* of the 16th ult., in which anecdotes of Goldsmith's earlier life are related. These anecdotes were quoted by *La France Médicale* without acknowledgment.

THE NON-RESTRAINT TREATMENT OF LUNATICS.—M. Moreau, physician to the Bicêtre Hospital of Paris (for the insane of the male sex), came to this country some time ago to examine the non-restraint system. The result of his visit was a book, wherein Dr. Conolly's views and practice are described and highly lauded. This book has been reviewed by *L'Union Médicale*, and the author taken to task for erroneously saying "*non-restraint*" instead of "no restraint," which latter is pronounced by the writer of the review to be the *better* English of the two.

COLD WATER AND CONSERVATIVE SURGERY.—M. Pereira da Fonseca states, in the *Medical Gazette* of Oporto, that he succeeded in saving the completely-crushed finger of a boy, aged ten years, by cold-water douches applied for three weeks, and varied according to the indications. He adds that, in 1732, the Duke of Orleans had met with a severe wound of the metacarpus. The surgeons were all of opinion that amputation should be performed, when Chirac, coming in, advised immersion of the arm and hand in cold water, three times a day. The duke recovered, with the full use of his hand.

ARTIFICIAL CORNEA.—"La France Médicale" quotes a passage from a pamphlet published by the Medical Society of Zurich in which it is stated that Dr. Heusser performed the following operation:—Into perfectly opaque corneæ he made an opening, and placed therein pieces of crystal, through which the patient (a young girl), previously quite blind, succeeded in seeing tolerably well. Dr. Heusser considered that these peculiar kinds of *glasses* could be commonly worn, and sight be thereby restored. We give the above as we find it in the journals, adding, however, that it is difficult to understand how the eye could bear the presence of the foreign body.

TRANSFUSION OF BLOOD TO COMBAT THE DEBILITY RESULTING FROM PROFUSE SUPPURATION.—M. Neudærfer has just published, in the *Osterr. Zeits. für Pract. Heilkunde*, five operations of transfusion which he undertook to instil life into patients dying from debility and hectic, in consequence of profuse suppuration following upon gun-shot wounds. The relief was in all but temporary, and the patients died three or four weeks after the operations, which were all conducted with the proper precautions and apparatus. M. Neudærfer was disposed to continue the experiments, when the transfusion, tried upon a sixth patient, proved fatal a little time after the operation. This accident, attributed to the gouty nature of the blood injected, has, however, caused M. Neudærfer to give up any further experiments of the kind.

ALLEGED NOXIOUS EFFECTS OF THE PERCHLORIDE OF IRON.—In the *Gazette Hebdomadaire* of March 2nd, 1860, and Feb. 22nd, 1861, two cases of castration are recorded in which severe hæmorrhage occurred. In the first there was hæmorrhagic diathesis, and the blood flowed so profusely after the operation that perchloride of iron was applied, together with firm compression. The patient died from peritonitis and infiltration of blood in the muscular layers of the abdomen. The clots found had central deposits of pus. In the second case the cord was ossified, and the surgeon tied it by two knots, made after transfixing the cord with a double thread. The first and second days passed off well, but on the third slight hæmorrhage occurred. The wound was laid open again, but the origin of the hæmorrhage could not be made out. The next morning the bed was found soaked with blood, and perchloride of iron was at once applied. Soon afterwards symptoms of purulent absorption appeared, and the patient died on the sixth day after the operation. It was found, on a post-mortem examination, that the cremasteric artery had escaped the ligature, and had given rise to the hæmorrhage. The whole of the left side, from the groin to the axilla, presented a livid colour, caused by a purulent and gaseous infiltration, the inguinal region being very difficult of dissection from the changes caused by the perchloride. It is suspected by M. Germain, who reports the cases, that the fatal issue was perhaps the result of the application of the perchloride of iron. These cases should be especially noted, and the attention of surgeons directed to M. Germain's apprehensions.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 9TH.—The deaths in London, which had fallen to 1238 in the previous week, rose to 1279 in the week that ended last Saturday. Seventy-seven children died in the week of whooping-cough. There were only 2 deaths from small-pox, 37 from scarlatina, and 13 from diphtheria. Eight infants died from syphilis. Phthisis was fatal in 176 cases. The mortality from bronchitis was low, 132 deaths having been returned. The births were—boys, 1066; girls, 1006.

Obituary.

HENRY SHUCKBURGH ROOTS, M.D.

THIS distinguished physician was born at Kingston-on-Thames on the 25th of September, 1785, and was the son of Mr. George Roots, a highly respectable medical practitioner of that town, where his family for three successive generations had practised physic with credit and success. Dr. Roots' medical education was commenced under his elder brother, the late William Roots, Esq., of Kingston, and continued at the then united Borough hospitals under the immediate direction of Dr. Haighton, the accomplished and well-known physiologist and obstetrician, with whom he resided as house pupil. He completed his medical studies at Edinburgh, and graduated Doctor of Medicine at St. Andrews on Nov. 2nd, 1816.

Dr. Roots was admitted a Licentiate of the College of Phy-

sicians on the 22nd of December, 1818, and about that time commenced practice in London. He settled in the first instance in Upper Doughty-street, whence he removed in 1822 to Grenville-street, and thence to Guildford-street, where he remained until his final change of residence to Russell-square in 1834. His first public appointment was that of Physician to the Public Dispensary, an institution which can boast of having had upon its medical staff some of the best practical physicians of their time—as Dr. Willan, Dr. Bateman, Dr. Addison, and others. There he added to his practical knowledge of disease, and without doubt laid the foundation for that sound common sense and unpretending skill in the actual exercise of his profession which marked his future career. About this time, with the view of qualifying himself for the Fellowship of the College of Physicians, Dr. Roots matriculated at Cambridge as a member of Jesus College, and kept his terms there by such occasional short visits as the then laxer discipline of the University permitted to those entered on the physic line. He proceeded Bachelor of Medicine at Cambridge in 1824, and Doctor of Medicine July 7th, 1829, when, presenting himself again before the Censors of the College of Physicians, and being re-examined, he was admitted a candidate on the 30th of September, 1830, and a Fellow of the College on the 30th of the September following. He was Censor in 1834, and was often chosen Consiliarius. On the 5th of January, 1857, he was constituted one of the eight Elects of the College, and was the last in the series, extending from the foundation of the College in 1518 to himself, who was or ever will be elected as such, the office having been abolished by Act of Parliament in 1860, and its functions delegated to others in the College.

Dr. Roots was elected physician to St. Thomas's Hospital in 1828, and raised its reputation as a school of clinical teaching and practical *medical* instruction to a point which has not been equalled at any other period in the history of that institution. He lectured for many years on Materia Medica; but his efforts were mainly directed to teaching by the bed-side, and by clinical lectures in the theatre. A course of his clinical lectures was published in the *Medical and Surgical Journal*, edited by Dr. Ryan, which, with some papers in the "St. Thomas's Hospital Reports," constitute the only means by which posterity can judge of his merits as a physician. They are full of sound practical information, and notwithstanding the length of time which has elapsed since their appearance, will even now amply repay perusal.

Dr. Roots was compelled, in 1839, by increasing private practice, to resign his office at St. Thomas's Hospital; but the governors, to mark their sense of the value of his past services, created a new office—that of consulting physician, and nominated him to fill it. He held this appointment to the last, and died at his house in Russell-square, after a most successful career, on Friday, the 8th ultimo. W. M.

HENRY WAKEFIELD, ESQ., M.R.C.S., &c.

MR. WAKEFIELD was born at Hackney, January 6th, 1793, the third son of the celebrated scholar, Gilbert Wakefield. After an excellent education, he became a pupil of the late Mr. Holland, of Knutsford, the father of Sir H. Holland. He completed his medical education at St. Thomas's Hospital and at Guy's, where he was one of Sir Astley Cooper's dressers. Upon passing the College of Surgeons he proceeded to Brussels with other pupils of Sir Astley's, to assist in the hospitals after the battle of Waterloo. He afterwards marched with his brother's regiment to Paris, where he remained for some months. In 1816, he commenced practice in London; and, in 1830, after performing the duties for two years for the late Mr. Webb, was elected Surgeon to the County Prisons. His manly and independent character and genial manners, together with his skill in his profession, secured to him an extensive practice; whilst in private life, and in his domestic circle, no one was more highly esteemed.

CHARLES EARLE, ESQ.

THIS venerable and much-respected practitioner died at his residence, Cromer, Norfolk, on the 28th ultimo, in the eighty-fifth year of his age. Mr. Earle was a native of Norwich, and having selected medicine as his profession, in 1777 he proceeded to London, and entered as a student at the associated hospitals of St. Thomas's and Guy's. He immediately commenced reporting *verbatim* the lectures delivered by Cline, Astley Cooper, Haighton, &c., and carefully preserved the manuscripts. In after years these notes proved of great service to Sir Astley Cooper, who by referring to them was enabled to prove the priority of his observation of the cells of the thyroid gland, and the fluid they contain; the late Mr. S. W. King had noticed the fact from independent research, without being aware of Sir Astley's previous discovery. During his residence in London he formed a friendship with Sir Astley Cooper, which lasted through life. For the long period of sixty years Mr. Earle was in active practice, fifty five of which he spent at Cromer, and only retired from the duties of his profession when compelled by declining health. He was favoured with the warm friendship of Dr. Rigby, Messrs. Martineau, Wright, J. G. Crosse, &c., and was on amicable terms with his professional brethren generally. As an obstetrician, Mr. Earle was most successful, and enjoyed a very extensive practice. In the *Journal* of the Provincial Medical and Surgical Association for 1846, he published a "Report of Obstetric Cases occurring in Private Practice" during a period of forty-six years; 4320 cases are recorded, 17 of which alone proved fatal. He always had a great aversion to the use of instruments (although most dexterous in their application), and never resorted to them until convinced that nature's efforts were unavailing. Of a studious disposition, and possessing a most retentive memory throughout life, his leisure hours were devoted to the study of his profession or the collateral sciences, and few men were better or more generally informed.

His remains were followed to the grave by a large number of old friends and former patients, who thus paid their last tribute of respect to departed worth.

MEDICAL DIARY OF THE WEEK.

MONDAY, MARCH 18
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
- ROYAL INSTITUTION.—9 P.M. M. P. B. Chaillu, "Personal Narrative of Travels in Western Central Africa."

TUESDAY, MARCH 19
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—The following Operations will be performed at 2 P.M.:—By Mr. Holt: Resection of Hip; for Necrosis of Tibia; for Nævus of Forehead; for Stricture of Urethra.—By Mr. Hillman: for Phymosis.
- ROYAL INSTITUTION.—3 P.M. Professor Owen, "On Fishes."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Quekett, "On the Organs of Digestion."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MARCH 20
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, MARCH 21
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Quekett, "On the Organs of Digestion."
- CHEMICAL SOCIETY.—8 P.M. Dr. Williamson, "On Thermo-Dynamics in relation to Chemical Affinity."
- HARVEIAN SOCIETY.—8 P.M. Mr. T. K. Hornidge, "On the Action of Ozone on Organic Compounds."

FRIDAY, MARCH 22
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Prof. H. D. Rogers, "On the Origin of the Parallel Roads of Glen Roy."

SATURDAY, MARCH 23
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Dr. E. Frankland, "On Inorganic Chemistry."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Quekett, "On the Organs of Digestion."
- GOVERNMENT SCHOOL OF MINES, Jermyn-street.—7 P.M. Prof. Huxley, "On the First Principles of Physiology."

To Correspondents.

THE ARMY MEDICAL EXAMINATION.

Podalirius Junipicus.—We understand that only twenty vacancies were filled up at the recent examination. There were about fifty candidates. We have not received a list of the successful competitors. They will have to undergo a further competitive examination after some months' study at Chatham, when they will be placed in the order of merit. Honest clinical work is the best passport to the service.

Dubius.—Yes, it can be done. There is a University at Sydney and one at Melbourne, in both of which a competent medical education can be acquired. Any qualification obtained in Australia will qualify for practice in that part of the world. The status is good.

Beta might call in a physician or surgeon in consultation.

THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—The new third-class Licentiates of the London College of Physicians are not allowed by the bye-laws to call themselves Physicians or Doctors. Will you kindly inform me what sort of animals they are? for I am at a loss as to their breed. The wise Fellows (?) who so recently made the absurd bye-laws will surely have to amend them, and it will be wisdom to concede to the new Licentiates all the rights and privileges of those of the sister Colleges of Dublin and Edinburgh. Unless this is done, I fancy the applicants for the licence will be few in number; for by the present bye-laws of the College, no man, unless he obtains a diploma elsewhere, could rightly designate his position. His College says he is not a Doctor, neither must he style himself a Physician. Common sense tells him that the College in Pall-mall cannot give him a legal title as Surgeon or Apothecary. The public would be amused at seeing on a door-plate "Mr. Timothy Spoon, Licentiate of Medicine," the only title the unfortunate third-class man would appear entitled to assume.

It is time the pride and prejudice of the Fellows in Pall-mall yielded gracefully to the just demands of the highly educated general practitioners of the present day.

I am, Sir, faithfully yours,

March, 1861. MEDICUS TERTIUS.

P.S.—Why does not the College remain content with two grades—either Fellows and Licentiates, or Fellows and Members? The latter would be the most sensible arrangement. Let neither Fellows nor Members sell drugs; but do not let the supplying of medicine to patients, where necessary (as in some country practices), be any bar to advancement in College honours. Let a Board examine for the Fellowship, as in Lincoln's-inn. Depend on it, a considerable accession of real strength would result. The great majority of the London University graduates are in general practice, and I believe they have gone through a series of severe examinations, and n t a few would confound some of the proud Fellows of the Royal College of Physicians of London.

Scalpel.—The Statistical Society publishes a *Journal* every year. It usually contains the papers read at its meetings, and a summary of valuable statistical matter. It is issued to the Fellows of the Society, and may also be purchased by others. The rooms of the Society are in St. James's-square, London.

A late Patient in the Consumption Hospital.—The subject cannot be noticed in THE LANCET unless authenticated facts are in our possession.

Mr. T. Blunt.—He is exempt.

Mr. Wm. Harbison.—The case shall appear in an early number.

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—I am not anxious to intrude my private concerns on your readers; but the public journals afford the only method by which I can make known my grievance, which is this—that I am supposed to be connected with a publication styled the *London Medical Review*, and in consequence have letters directed to me from England, Scotland, and Ireland, asking me in what manner I am associated with it.

Will you allow me to inform your readers that I have no connexion whatever with that publication, and never have had any. I certainly wrote a paper, after a great deal of pressure, and for which I was paid; but I have repented it ever since, as I do not consider it has at all added to my respectability to have appeared in that print.

If the unfair use of my name has induced any gentlemen to contribute to it, I am not responsible; but I now trust that this announcement will prevent others from following their example.

I remain, Sir, yours, &c.,

St. Thomas-street, Southwark, March, 1861. SAMUEL WILKS, M.D.

Dr. Henry Stevens' statement, relative to his treatment at St. Luke's Hospital, arrived too late for publication in the present number of THE LANCET. It shall appear next week.

A Patient.—No letter of recommendation is required.

Candidate.—1. The Jacksonian Prize is awarded triennially.—2. Mr. Belfour, Secretary of the Royal College of Surgeons of England.

A. B. C., (Leeds.)—The office of the Council is in Soho-square.

THE ACTION OF ELATERIUM.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent, who signs himself "I. N. R.," I would recommend him the following prescription:—Extract of elaterium, one grain; hydrochlorate of morphia, one grain; kreasote, three minims; with sufficient bread-crumb to make six pills. I believe he will find the above combination very beneficial in the disease he mentioned. I should advise him to have the pills made as small as possible. I frequently find that very small pills are retained on the stomach, when those of larger size are rejected.

I am, Sir, your obedient servant,

March, 1861. W. S.

The Turkish Bath.—Mr. Garlike has sent a letter to us in reply to Mr. Urquhart; but we cannot consider that its publication would answer any useful purpose. Mr. Garlike, in his letter published on the 2nd instant, evidently wrote under the impression that Mr. Urquhart, by his liberal invitation to the profession to view the bath he had constructed, invited discussion relative to every part of his system for restoring and maintaining health. It is equally evident that Mr. Garlike had not the slightest intention of making any remark which would be personally offensive to Mr. Urquhart.

Mr. E. T. Morris.—The diploma entitles the possessor to practise both medicine and surgery.

Bristolensis.—All the particulars relating to the Fothergillian Medal may be obtained by application to the Registrar of the Medical Society of London, George street, Hanover-square.

Saw-bones.—1. He is exempt from the literary examination.—2. He must comply with the regulations.

Justitia, (Edinburgh.)—The question has not yet been legally decided.

THE MEDICAL SOCIETY OF LONDON.

To the Editor of THE LANCET.

SIR,—According to my usual custom, I was present at the late anniversary dinner of the Medical Society of London. It was a very tame affair, and was only enlivened by an excellent speech from Dr. Lankester. There were the usual complimentary toasts to the officers of the institution; but during the whole evening not one solitary allusion was made by any of the speakers to the immense services rendered to the Society by the medical press. How was this? I have been a Fellow of the Society for thirty years, and can safely assert that its very existence is owing to the efforts made in its behalf by THE LANCET. Past obligations are too often forgotten. It seems that institutions like individuals, can ignore their debts. I for one, however, am not willing to remain under such an imputation. Our present able and enlightened President, Mr. Coulson, will not, I feel assured, at the next anniversary meeting fail to make amends for the omission of the present year.

I remain, Sir, yours, &c.,

ONE OF THE OLDEST FELLOWS OF THE

March, 1861. MEDICAL SOCIETY OF LONDON.

Royal College of Physicians.—A correspondent informs us that the Society of Apothecaries intend to apply for an injunction to restrain the College of Physicians from examining candidates for their new order of Licentiate, and he directs our attention to the fact that the next examination at the College for the Licentiateship has been postponed from the 12th March to nearly the middle of April. *Nous verrons.*

Mr. M. Miles.—He cannot give a *medical* certificate.

IF *A Reader* (Glasgow) will forward his name and address, he shall receive a private note.

Tibi is legally liable. There would be no defence to an action brought under such circumstances.

C. D., (Aberdeen.)—It varies from £60 to £100.

An Apprentice.—*Bonâ fide* indentures dated anterior to the 8th December 1859, will exempt their possessor from a preliminary examination.

SALIVATION DURING PREGNANCY.

To the Editor of THE LANCET.

SIR,—In answer to a correspondent of yours, seeking a remedy for salivation during pregnancy, I beg to ask if the following have been tried:—Chalk mixture (sometimes of use when fluid is acid); gum acacia, an ounce or two daily, dissolved in the mouth (the state of the stomach being at the same time attended to; also small doses of turpentine in acacia mixture. These are spoken of in Dr. Arthur Farre's admirable Lectures at King's College. Ettle, however, he says, can sometimes be done.

I am, Sir, yours truly,

Worcester, March, 1861. WM. WOODWARD.

Rusticus.—Under certain exceptional circumstances, the Poor-law Board would sanction the appointment of a medical officer who was possessed of only one qualification.

M.D. Erlangen.—It is doubtful. The Medical Council have not yet given their *ultimatum* upon the point.

Anxious.—The advertiser named is a gross impostor.

Zygoma would be admitted to examination on the production of the certificates.

J. W. H.—Yes, in a *surgical* case, and it is doubtful whether he would be interfered with in a *medical* case.

R. T. H. should enter to lectures in October next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. M'William; Mr. S. Paull; Dr. Osborn; Mr. J. H. Barnes; Mr. Williams; Mr. Roope; Dr. Dillon, Louisville, Kentucky; Mr. S. L. Gill; Dr. N. Jackson; Mr. W. Woodward; Mr. Holmes Coote; Dr. Stevens; Dr. T. J. Graham, Epsom; Mr. F. D. Fletcher; Mr. Rump; Mr. Browning; Mr. R. Griffin; Mr. F. R. P. Darke; Mr. H. Grace; Mr. Bradley, Martley, Worcester; Dr. Jas. Adams, Great Witley; Prof. Tufnell; Dr. Taylor, Nottingham; Dr. Wilson, Glasgow; Mr. J. C. Rae; Mr. W. Clayton; Mr. G. L. Cooper; Mr. Harbison, Rathfriland; Mr. A. Hewan, Old Calabar; Mr. D. M. Young, Birmingham, (with enclosure;) Dr. Lowe, Lynn; Mr. Slater; Mr. J. H. Clegg, Chorlton; Mr. J. C. Cust, (with enclosure;) Dr. Buchanan, Rathmines; Mr. Hordley; Mr. L. Redwood, Rhymney; Mr. C. Hirst, Morley; Mr. Forsham, (with enclosure;) Dr. Iles; Mr. R. Miller, (with enclosure;) Mr. J. Stephens; Dr. A. T. Brett; Medicus Tertius; Non-Medicus; Institution of Fine Arts; A Native of India; R. T. H.; Scalpel; J. W. H.; A. B. C., Hull, (with enclosure;) Medicus; A Reader; An Apprentice; &c. &c.

PULVIS JACOBI *VER.*, NEWBERY'S.

To the Medical Profession of Great Britain and Ireland.

GENTLEMEN,—We beg to call your attention to the following extracts from a Paper by the late John Cheyne, M.D., F.R.S.E., M.R.I.A., Physician to the Hardwicke Fever Hospital, Dublin, and Physician-General to His late Majesty's Forces in Ireland, &c. &c., contained in the "*Dublin Hospital Reports*," *vol.* 1, *p.* 317.

"Since this case came into my possession, I have been led to "make a good many clinical experiments, which have enabled me "to verify the reports which I had heard of the efficacy of JAMES'S "POWDER, in sometimes removing the APOPLECTIC DIATHESIS in "persons advanced in life. It is, moreover, worthy of observation, "that JAMES'S POWDER has been of remarkable utility in "certain instances of DETERMINATION OF BLOOD TO THE HEAD, which "occurred at an early period of life, and threatened to end by "effusion. Lastly, in two cases of GENERAL PLETHORA, in which, "however, the head was more affected than any other part, "JAMES'S POWDER was exhibited by me with perfect success."

Also *vol.* 1, *p.* 320.

"The following very simple method of exhibiting JAMES'S "POWDER, in cases of undue determination of blood to the "head, is that which I have generally pursued. The patient is "made to begin with a very moderate dose, not more than two "grains at bedtime, and to increase the dose by half-a-grain every "night, until some sensible effect is produced upon the stomach, "bowels, or skin. Should the stomach be affected with sickness, "the dose must be lessened by one grain on the following night. "By the addition of a little rhubarb to it, a larger quantity of "JAMES'S POWDER may be administered than the stomach could "otherwise bear. If the skin is softened, or the bowels affected, "the dose should not further be increased, but it must be repeated "every night for a considerable length of time: in several instances "I have known eighteen or twenty grains taken for a considerable "period without any inconvenience."

The following extract (showing the increasing estimation in which the true Dr. James's Powder is held by Medical Practitioners) is taken from "The Lumlæan Lectures," 1858-59, delivered before the Royal College of Physicians, by A. Tweedie, M.D., Physician to the London Fever Hospital, who is admittedly one of the highest practical authorities on the subject of Fever. He says, ("*The Lancet*," *June* 16, 1860, p. 590,) as follows:—

"If the febrile excitement be such as to require antimonial prepa- "rations, a pill containing 2 or 3 grains of James's Powder (prepared by "Newbery) should be taken at intervals according to circumstances."

In writing to Messrs. Newbery, he says:—

"I wish that your preparation was always used."

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the house of Newbery and Sons, in St. Paul's Churchyard, it is necessary to prescribe it as "PULVIS JACOBI VER., NEWBERY'S," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*) may be substituted for the original medicine.

This substitution must bring disappointment, and of course deter Practitioners from prescribing Dr. James's Powder, or lead them to regard it as a preparation on which no dependence can be placed.

FRANCIS NEWBERY AND SONS.

45, *St. Paul's Churchyard, London.*

Prices for Dispensing ½ oz. Bottle, 3*s.* 4*d.*; 1 oz. 9*s.*
Usual Discount to the Profession.

The City Turkish Baths,

5, South-street, Finsbury,

Afford special attention and comfort for patients, and are strongly recommended by the Medical Profession.

The True Turkish Bath.—26, Queen-

square, Russell-square.—The Faculty find this Establishment replete with every essential of decorum, comfort, and thorough efficiency. Admission, Half-a-Crown. Hours from 7 A.M. to 10 P.M.

Ladies' Bath, open daily till 5 P.M.

The Turkish Baths, 20, Baker-street,

Portman-square.—Fitted up on a very superior scale, combining elegance and luxury. They are pronounced *perfect* by all medical men and others who have visited them. Tuesday and Friday exclusively for Ladies, by whom the strict privacy and other arrangements for comfort and delicacy are highly eulogized. None but females then in attendance. All other days for Gentlemen only.

Dr. Caplin's Electro-Chemical Bath

and GALVANO-THERAPEUTIC ESTABLISHMENT, 9, York-place, Baker-street, Portman-square.—A new method of treatment, by which, without the danger attending the use of internal medicines, Mercury and every kind of metallic, extraneous, and morbific matters are radically extracted from the organism, thereby restoring the vital functions and the normal conditions on which nature depends for the cure of diseases.

See Dr. CAPLIN'S Treatise and the Extracts from his Case-book.

Curtis and Co.'s New Remedies, &c.

SYR. QUINÆ FERRIQUE SUPERPHOS.
(Originated by Curtis and Co.)

SYR. QUINÆ FERRIQUE SUPERPHOS. CUM STRYCHNIA PHOSPH.
(Originated by Curtis and Co.)

SYR. CALCIS PHOSPHATIS.

And all other Syrups of the so-called Monophosphates, Biphosphates, &c. &c.

LIQUOR SUMBULI.
TINCT. ACTÆÆ RACEMOSÆ.
MAGNESIÆ CITRATIS (Effervescing).
CADMII IODID.
CERII OXALAT.

Also their

LIQUOR SECALI CORNUTI.

(Recognised Preparation.)

Exhibited at the "Obstetrical Society of London," by the President, June 1st, 1859 (vide THE LANCET, June 11th, 1859).

"University College Hospital, Oct. 28th, 1858.

"I have much pleasure in stating, that after numerous trials under Dr. Murphy's direction, I have found the Liquor Secalis as prepared by Mr. Curtis to *far exceed* all other preparations of the kind.—HENRY HEMSTED, M.R.C.S."

Manufacturers of all Pharmaceutical Preparations of repute.

Orders received at the Manufactory and Laboratory (which is open for the inspection of any medical gentleman who may honour Messrs. Curtis and Co. with a visit), at 48, Baker-street, London, W.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

Brown's Cantharidine Blistering

TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury, or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the kingdom.—In Tin Cases, containing ten feet, 6*s.* 6*d.*; and small Cases of five square feet, 3*s.* 6*d.* each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1*s.* 6*d.* each.

Extracts and Editorial Note from the New York Journal of Medicine.
"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharidis are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this article is a very simple and neat dressing."

"Kennington-park, Surrey, Feb. 12th, 1857.

"I have prescribed the CANTHARIDINE TISSUE and DRESSING (as prepared by you) for the last ten years. I have much satisfaction in bearing testimony to its effectual, mild, and safe action as a vesicant on the most delicate skin, and one of the best auxiliaries in the successful treatment of congestive and inflammatory diseases. The dressing has the advantage of being cleanly, agreeable, and curative in its application.

"To Mr. T. B. Brown." "JOHN PURSELL, M.D., F.R.C.S.E.

"Army Medical Department, Jan. 16th, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that MR. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory when carefully applied, and has not been productive of any degree of strangury.

"Mr. T. B. Brown, "ANDREW SMITH, M.D.,
"Birmingham." "Deputy Inspector-General of Hospitals.

Sold by the Sole Consignees, WILLIAM BAILEY & SON, Horseley Fields Chemical Works, Wolverhampton; and by all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.